

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000097089

1. Entity Name
DAVID HENDRIX PAINTING INC.



Principal Place of Business
2305 KILLEARN CTR. BLVD. #A-1
TALLAHASSEE, FL 32309

Mailing Address
2305 KILLEARN CTR. BLVD. #A-1
TALLAHASSEE, FL 32309

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SECRET
TALLAHASSEE, FL



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08292005

Chg-P

CR2E034 (10/03)

4. FEI Number
20-0455286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDRIX, DAVID L
2305 KILLEARN CTR. BLVD. #A-1
TALLAHASSEE, FL 32309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HENDRIX, DAVID L
STREET ADDRESS 2305 KILLEARN CTR. BLVD. #A-1
CITY-ST-ZIP TALLAHASSEE, FL 32309 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800059387688
CITY-ST-ZIP 09/07/05--01026--015 **150.00

TITLE S
NAME GREEN, TERRILL
STREET ADDRESS 2305 KILLEARN CTR. BLVD. #A-1
CITY-ST-ZIP TALLAHASSEE, FL 32309 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David L. Hendrix

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-05

Date

8930901-284-68

Daytime Phone #