


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90309 014 \*\*\*150.00

|   |  |   |
|---|--|---|
| <b>DOCUMENT # P04000153392</b>                  |  |  |
| 1. Entity Name<br>JEFF HENDRICKS HOMES VI, INC. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>211 NURMI DRIVE<br>FORT LAUDERDALE, FL 33308 | Mailing Address<br>211 NURMI DRIVE<br>FORT LAUDERDALE, FL 33308 |
|---|---|

**50043837**



|  |  |
|--|--|
| 2. Principal Place of Business<br><i>211 Nirmi Dr.</i> | 3. Mailing Address<br><i>211 Nirmi Dr.</i> |
| Suite, Apt. #, etc.                                    | Suite, Apt. #, etc.                        |

04122005 Chg-P CR2E034 (10/03)

|  |  |
|--|--|
| City & State<br><i>Ft. Lauderdale FL</i> | City & State<br><i>Ft. Lauderdale, FL.</i> |
| Zip<br><i>33301</i>                      | Country                                    |
| Zip<br><i>33301</i>                      | Country                                    |

|   |  |
|---|--|
| 4. FEI Number<br><i>27-0108778</i>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                                       |  |
| LEGAL INFORMATION SERVICES, INC.<br>2500 WESTON ROAD<br>SUITE 404<br>WESTON, FL 33331 |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   | Zip Code |
| <b>FL</b>  |          |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D HENDRICKS, JEFF <input type="checkbox"/> Delete<br>211 NURMI DRIVE<br>FORT LAUDERDALE, FL 33308 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D BELLET, MICHAEL <input type="checkbox"/> Delete<br>36 FIESTA WAY<br>FORT LAUDERDALE, FL 33301   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>211 Nirmi Dr.</i><br><i>Ft. Lauderdale, FL 33301</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:** *Jeffrey M. Hendricks* *4/14/05* *954-646-1973*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #