


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90049 047 \*\*\*150.00

<b>DOCUMENT # P04000159047</b>					
<b>1. Entity Name</b> SECOND HAND FIRST ASSIST INC					
<b>Principal Place of Business</b> 2030 S PATRICK DR #1 INDIAN HARBOUR BEACH, FL 32937-4400 US			<b>Mailing Address</b> PO BOX 360877 MELBOURNE, FL 32936-0877 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02112005    Chg-P    CR2E034 (10/03)	
<b>4. FEL Number</b> 20-1914331				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HENDRICKS, JONATHAN C 2030 S PATRICK DR #1 INDIAN HARBOUR BEACH, FL 32937-4400			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> DP	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> HENDRICKS, JONATHAN C			<b>NAME</b>		
<b>STREET ADDRESS</b> 1399 BANANA RIVER DR #H-209			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b> INDIAN HARBOUR BEACH, FL 32937			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>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 officers like empowered.</b>					
<b>SIGNATURE:</b>			JONATHAN HENDRICKS, FEB 11 2005 321-446-4607		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		