## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P04000159551 04-25-2005 90247 025 \*\*\*150.00 1. Entity Name JEFF HENDRICKS HOMES VII. INC. Principal Place of Business -Mailing Address 20044476 211 NURMI DR 211 NURMI DR FT LAUDERDALE, FL 33301 FT LAUDERDALE, FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 01-0823784 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEGAL INFORMATION SERVICES, INC. 2500 WESTON RD STE 404 Street Address (P.O. Box Number is Not Acceptable) WESTON, FL 33331 City 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITI F □ Delete TITLE ☐ Change ■ Addition HENDRICKS, JEFF NAME NAME STREET ADDRESS 211 NURMI DR STREET ADDRESS CITY-ST-7IP FT LAUDERDALE, FL 33301 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HENDRICKS, SUZANNE NAME NAME STREET ADDRESS 211 NURMI DR STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33301 CITY-ST-ZIP Delete TETLE TITI F ☐ Change ■ Addition HAMMOND, ANNE M NAME 211 NURMI DR STREET ADDRESS STREET ADDRESS FT LAUDERDALE, FL 33301 CITY+ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME HAMMOND, KEITH NAME STREET ADDRESS 211 NURMI DR STREET ADDRESS CTTY-ST-ZIP FT LAUDERDALE, FL 33301 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 received 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.

FILED