


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90123 023 ***150.00

DOCUMENT # P05000094518					
1. Entity Name DAWN KELLIE HENDRICKS, P.A.					
Principal Place of Business 15 PARK AVENUE NORTH ST. AUGUSTINE, FL 32084			Mailing Address 15 PARK AVENUE NORTH ST. AUGUSTINE, FL 32084		
2. Principal Place of Business 100 FAIRWAYS PARK BLVD		3. Mailing Address P.O. Box 2501			
Suite, Apt. #, etc. SUITE 312		Suite, Apt. #, etc.			
City & State PONTE VEDRA BCH, FL		City & State PONTE VEDRA BCH, FL		4. FEI Number 20-3120611	
Zip 32082		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRICKS, DAWN K 15 PARK AVENUE NORTH ST. AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent *Name Street Address (P.O. Box Number is Not Acceptable) 100 FAIRWAYS PARK BLVD SUITE 312 City PONTE VEDRA BCH FL Zip Code 32082		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HENDRICKS, DAWN K 15 PARK AVENUE NORTH ST. AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 2501 PONTE VEDRA BCH, FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 119, 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: <u>Dawn Kellie Hendricks</u> <u>3-16-06</u> <u>(904) 373-0018</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					