

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000163258

1. Entity Name  
STACY HENDRIX, P.A.



Principal Place of Business  
1229 HARLEY CIRCLE  
STARKE, FL 32091

Mailing Address  
1229 HARLEY CIRCLE  
STARKE, FL 32091

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Jul 25, 2008 08:00 AM**  
**Secretary of State**



06092008 No Chg-P CR2E034 (11/05)

4. FEI Number 41-2191445	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

SOMEILLAN, JULIO C  
9225 COLLINS AVE PH-E  
SURFSIDE, FL 33154

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 12, 2008**

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**

TITLE	PSTD
NAME	HENDRIX, STACY L
STREET ADDRESS	1229 HARLEY CIRCLE
CITY-ST-ZIP	STARKE, FL 32091

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000956380  
07/25/08-80005-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Stacy Hendrix, P.A. 6/15/08 (904) 964-3948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #