


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P14527</b> 1. Entity Name <b>HENDRICK MANAGEMENT CORPORATION</b>	
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Principal Place of Business  
**6000 MONROE RD. SUITE 100  
P.O. BOX 18649 (28218)  
CHARLOTTE, NC 28212**

Mailing Address  
**6000 MONROE RD. SUITE 100  
P.O. BOX 18649 (28218)  
CHARLOTTE, NC 28212**



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-1539967</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

**THE PRENTICE HALL CORPORATION SYSTEM INC  
1201 HAYS STREET, SUITE 105  
SUITE 105  
TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PERKINS, J. C. 6000 MONROE RD STE 100 CHARLOTTE, NC 28212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUZL, J.F. 6000 MONROE RD. CHARLOTTE, NC
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1100000140089  
04/29/04-80148-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

**4/27/04**

**(704) 568-5550**

Date

Daytime Phone #