2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUALE	EPORT (AR	FILED Jan 24, 2005 08:00 AM Secretary of State		
DOCUMENT # P93000078327 1. Entity Name				
KEVIN H. HENDRICKSON, P.A.			g secretary or state	
Principal Place of Business _	Mailing Address			
310 SOUTH SECOND ST FORT PIERCE FL 34950 US	310 SOUTH SECOND FORT PIERCE FL 3498 US		المالة	
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc	Suite, Apt. #, etc.	•	1st MOORE CR2E034 (10/04)	
City & State	City & State		4. FEI Number 65-0449673 Applied Fo. Not Applied	
Zip Country	Zīp	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Curren	Registered Agent	Niema	7. Name and Address of New Registered Agent	
HENDRICKSON, KEVIN H		Name		
310 SOUTH SECOND ST FORT PIERCE FL 34950		Street Address	(P.O. Box Number is Not Acceptable)	
1 0111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0	Zip Code	
		City	FL	
The above named entity submits this statement f the obligations of registered agent.	or the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and acc	epi
SIGNATURE				
Signature, typed or printed name of registered agen	t and title if applicable (NOI	E Registered Agent signature require		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.0 Make Check Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee	
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_
I IIILE D NAME HENDRICKSON, KEVIN H STRETT ADDRESS 310 SOUTH SECOND ST CITY ST ZIP FORT PIERCE FL	☐ Delete	NAME STREET ADDRESS CITY-ST-7P	□ Change □ Add UDAOO0190689 01/24/US-80143-021 150.00	ition
BILLS	☐ Delete	TITLE	☐ Change ☐ Add	ition
NAME:		NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CHTY-ST-ZIF		
DRE	☐ Dejete	Tilet	Change Add	ition
NAME STREET ADDRESS		NAME STREET ADORECS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME	☐ Delete	TITE F NAME	. □ Change □ Add	itlon
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NAME	• Delete	TUTLE	☐ Change ☐ Add	IIIOII
OURFET ADDRESS		STREET ADDRESS		
CITY ST-ZIP	T Kin	CITY-ST-7IF	☐ Change ☐ Add	ition
NAME	☐ Delete	DILE NAME	Crianiye Augu	ΪάΛΗ
STREET ADDRESS		STREET ADDRESS		•
CITY-ST-7IP		CHY-SI-7IP	NAME OF TAXABLE PARTY.	

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

Davime Phone #