

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 OCT 19 AM 10: 02

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034123

1. Entity Name
HENDRY & ASSOCIATES, C.P.A.'S, P.A.



Principal Place of Business
31622 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

Mailing Address
31622 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09012005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3248183

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

HENDRY, DONALD W
31622 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HENDRY, DONALD W
STREET ADDRESS 31622 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700060728087
10/18/05--01082--008 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

9/20/05

Date

727-410-4769

Daytime Phone #

HENDRY & ASSOCIATES, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

31622 U.S. 19 NORTH
PALM HARBOR, FLORIDA 34684

TELEPHONE (727) 785-5643
FACSIMILIE (727) 787-4394

DONALD W. HENDRY, C.P.A.

MEMBERS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

To Whom it May Concern:

I spoke with one of your staff today and explained I that I filed my annual report ro the wrong agency based on correspondence I received. This letter serves as a request to honor the \$150 fee for my yearly filing fees. I have enclosed letter supporting this request.

Thank You

Donald W. Hendry CPA