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COMMONWEALTH OF KENTUCKY TREY GRAYSON, SECRETARY OF STATE **ANNUAL REPORT DUE JUNE 30, 2008**



ORGANIZATION ID #

0022584

STATE OR COUNTRY OF INCORPORATION

ORGANIZATION DATE 11/16/1942

FILING

\$15.00

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

Changes made to the principal office address cannot be made on this form. Check (3)A to request a form to be mailed or download the form from our web site

HENDRICKSON'S, INC. **PO BOX 783** MAYSVILLE, KY 41056

RECEIVED APR 1 1 2008

	2
(2) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS Changes made to the registered agent or registered office cannot be made on this form. Complete (3) to request a form to be mailed or download form from web site. THOMAS L. HENDRICKSON 204 SUTTON STREET MAYSVILLE, KY 41056	SECRETARY OF STATE COMMONWEALTH OF KY (3) A. Statement of Change of Designated or Principal Office Address Form B. Statement of Change of Registered Agent or Registered Office Form MAIL FORM TO
(4) PRINCIPAL OFFICERS If (5) is blank, type or print the names and business addresses be returned if business addresses are not listed. If the corporation has previously filed an any additions to or changes in the principal officers and give the business address for expressions.	
President Thomas L Hendrickson	760 Edgecher Br. Margaille Ly 41056
Secretary Douglas A Hendrickson	Address Eggensua 22. Mays ofthe Ky 41056
Treasurer Robert L Hendrickson	Address Address Address
	Address
(5) DIRECTORS Type or print the names and business addresses of the corporation's di (KRS 271B.8-010(3)). Nonprofit corporations must list three (3) or more directors (K	rectors. No listing of directors is verification that the corporation has dispensed with directors (RS 273.211). The annual report will be returned if business addresses are not listed. Address
Name	Address
Name	Address
Name	Address
(6) Check here if you are a cooperative corporation or association organized under KRS 272. Check here if you are a rural electric or rural telephone cooperative corporation organized under KRS 279. I VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED. Signature of Officer or Chairman of the Board Type or Print Name Title Date	
ANNUAL REPORT AND FILING FEE	

Submit for filing the completed annual report form and correct filing fee as indicated above. Make check payable to the "Kentucky State Treasurer". Please do not send cash.

MAILING ADDRESS

Trey Grayson Secretary of State P O Box 1150 Frankfort, KY 40602-1150 **OFFICE LOCATION** Secretary of State

State Capitol, Room 154 700 Capital Avenue Frankfort, KY 40601 (502)-564-2848

NOTE: P O Box 1150 is for annual report filings only.