

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


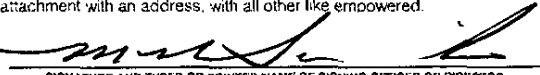
**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90048 015 \*\*\*150.00

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01142004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 638889</b>			
1. Entity Name <b>HICKSON CONSTRUCTION COMPANY, INCORPORATED</b>			
Principal Place of Business 805 23RD AVE PO BOX 1202 NEW SMYRNA, FL 32170		Mailing Address POST OFFICE BOX 1202 NEW SMYRNA, FL 32170 US	
2. Principal Place of Business <b>1785 Victory's Path TR.</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>New Smyrna Beach, FL</b>		City & State	
Zip <b>32168</b>		Country <b>Volusia</b>	
4. FEI Number <b>59-1949511</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
8. Name and Address of Current Registered Agent <b>PETERSON, SID C., JR. 418 CANAL ST. S DAYTONA, FL NEW SMYRNA BCH., FL 32168</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE</small>			
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HICKSON, MICHAEL 1785 VICTORY'S PATH TR NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HICKSON, SUSAN S 1785 VICTORY'S PATH TRAIL NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: <b>3/17/04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	