


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90192 028 \*\*\*150.00

**DOCUMENT # P03000047841**

1. Entity Name  
**BROCK, HICKMAN, MCCOY & WARREN DEV CORP**



Principal Place of Business  
**1508 S DIXIE HIGHWAY  
WEST PALM BEACH, FL 33401 US**

Mailing Address  
**1764 N CONGRESS AVE, C/O MIMI STEIN PA  
SUITE 200  
WEST PALM BEACH, FL 33409 US**

2. Principal Place of Business  
Suite. Apt. #, etc.

3. Mailing Address  
Suite. Apt. #, etc.

City & State

Zip Country



01042005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**STEIN, MIMI  
1764 N CONGRESS AVE  
SUITE 200  
WEST PALM BEACH, FL 33409**

4. FEI Number  
**59-1423975**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	MCCOY, JERRY	
STREET ADDRESS	1808 N "R" STREET	
CITY-ST-ZIP	LAKE WORTH, FL 334606615	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HICKMAN, WALLACE SR	
STREET ADDRESS	1084 CARAMBOLA CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jerry McCoy* 4/11/2005 561-582-5468  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #