

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90014 015 \*\*\*150.00

**DOCUMENT # 190488**

1. Entity Name  
HICKORY POINT GROVES, INC.



Principal Place of Business  
PAUL, RICHARD, A  
429 E MAGNOLIA AVE  
EUSTIS, FL 32727 US

Mailing Address  
7 STONEHOUSE RD  
SCARSDALE, NY 10583

40000736



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-6062634

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PAUL, RICHARD A. PA  
429 EAST MAGNOLIA AVENUE  
EUSTIS, FL 32727

**DO NOT WRITE  
IN THIS SPACE**

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	DV
NAME	BOGIN, M G
STREET ADDRESS	176 E 71ST ST
CITY-ST-ZIP	NEW YORK NY,
TITLE	DP
NAME	HOCHBERG, AUDREY G
STREET ADDRESS	7 STONEHOUSE RD
CITY-ST-ZIP	SCARSDALE, NY
TITLE	TREASURER
NAME	HOCHBERG, HERBERT L.
STREET ADDRESS	7 STONEHOUSE RD
CITY-ST-ZIP	SCARSDALE, NY 10583
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

*Audrey G. Hochberg* AUDREY G. HOCHBERG 1/3/4 914472-3525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #