


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 638889 1. Entity Name HICKSON CONSTRUCTION COMPANY, INCORPORATED	
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Principal Place of Business
**1785 VICTORY'S PATH TR
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**POST OFFICE BOX 1202
NEW SMYRNA, FL 32170 US**



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1949511	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PETERSON, SID C., JR.
418 CANAL ST.
S DAYTONA, FL
NEW SMYRNA BCH., FL 32168**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HICKSON, MICHAEL
STREET ADDRESS	1785 VICTORY'S PATH TR
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168

TITLE	DV
NAME	HICKSON, SUSAN S
STREET ADDRESS	1785 VICTORY'S PATH TRAIL
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U00000622260
02/13/07-80018-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date _____ Daytime Phone # _____