

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr. 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 692804

1. Entity Name
HICKS INDUSTRIES, INC.



Principal Place of Business
**2005 INDUSTRIAL PARK RD.
MULBERRY, FL 33860**

Mailing Address
**PO BOX 1303
MULBERRY, FL 33860-1303 US**

DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2112812

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HICKS, DANIEL
13399 N.W. 113TH AVE RD
MIAMI, FL 33178**

**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 PS
NAME HICKS, DANIEL J.
STREET ADDRESS 59 FAIRVIEW BLVD
CITY-ST-ZIP FORT MYERS BEACH, FL 33931

TITLE VP
NAME HATFIELD, STEPHEN
STREET ADDRESS 6690 BRECKENRIDGE CT
CITY-ST-ZIP LAKELAND, FL 33813

TITLE T
NAME CONSTANCE HICKS
STREET ADDRESS 59 FAIRVIEW BLVD
CITY-ST-ZIP FORT MYERS BEACH, FL 33931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000312617
04/18/05-80092-011 158.75

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN HATFIELD, EVP

4/14/05 863-425-5555

Date

Daytime Phone #