## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # 692804 1. Entity Name HICKS INDUSTRIES, INC. Principal Place of Business Mailing Address 2005 INDUSTRIAL PARK RD. PO BOX 1303 MULBERRY, FL 33860 MULBERRY, FL 33860-1303 US 03092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2112812 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HICKS, DANIEL DO NOT WRITE 13399 N. W. 113TH AVE RD MIAMI, FL 33178 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 reg (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. PS THEF HICKS, DANIEL J. NAME STREET ADDRESS 59 FAIRVIEW BLVD CITY-ST-ZIP FORT MYERS BEACH, FL 33931 U00000533902 05/06/06-80141-013 158.75 NAME HATFIELD, STEPHEN STREET ADDRESS 6690 BRECKENRIDGE CT CITY-ST-ZIP LAKELAND, FL 33813 TITLE CONSTANCE HICKS NAME STREET ADDRESS 59 FAIRVIEW BLVD DO NOT WRITE FORT MYERS BEACH, FL 33931 CITY - ST- ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> AME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED

Date

Davime Phone #