2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #698815

1. Entity Name

HENRY W. HICKS, P.A.

Principal Place of Business Mailing Address

3003 W. AZEELE STREET

SUITE 200 TAMPA, FL 33609 US 3003 W. AZEELE STREET SUITE 200 TAMPA, FL 33609 US FILED Apr 24, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

04162008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2178783

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

HICKS, HENRY W 3003 W. AZEELE STREET SUITE 200 TAMPA, FL 33609

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• The above named entity submits this statement for the purpose of changing its registered onice of registered agent, or both, in the state of Florida.	Taiti faitiniai with, and accept
the obligations of registered agent.	
SIGNATURE	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000919240 05/13/08-80114-017 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	HICKS, HENRY W
STREET ADDRESS	3003 W. AZEELE STREET, SUITE 200
CtTY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-7IP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CLTY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE .	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07

Daytime Phone #