

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F61058
 1. Entity Name
 HICKS FEED AND GARDEN CENTER, INC.



Principal Place of Business Mailing Address
 % ANDREW MARSHALL HICKS % ANDREW MARSHALL HICKS
 1114 S JEFFERSON ST 1114 S JEFFERSON ST
 PERRY, FL 32347 PERRY, FL 32347

DO NOT WRITE IN THIS SPACE



07082005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2147702 Not Applicable

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

6. Name and Address of Current Registered Agent
 HICKS, ANDREW MARSHALL
 1114 S JEFFERSON STREET
 PERRY, FL 32347

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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST HICKS, ANDREW MARSHALL 1114 S. JEFFERSON ST PERRY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HICKS, ANDREW MARSHALL 1114 S. JEFFERSON ST PERRY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HICKS, BILLIE SUE 1114 S JEFFERSON ST PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000372431
 - 07/12/05-80007-007 150.00

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: *Andrew Marshall Hicks* ANDREW MARSHALL HICKS 7/8/05 850-584-2068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #