

**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  
% ANDREW MARSHALL HICKS  
1114 S JEFFERSON ST  
PERRY, FL 32347

Mailing Address  
% ANDREW MARSHALL HICKS  
1114 S JEFFERSON ST  
PERRY, FL 32347



07082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2147702

Applied For  
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

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

1000000372431  
- 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 #