


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

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| DOCUMENT # F75174 1. Entity Name HICKS ADVERTISING GROUP, INC. |  |
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| Principal Place of Business 5420 BAY CENTER DRIVE #205 TAMPA, FL 33609 | Mailing Address 5420 BAY CENTER DRIVE #205 TAMPA, FL 33609 |
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03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 59-2186760 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GARCIA, JOSEPH 2560 BARNETT PLAZA 101 E. KENNEDY BLVD. TAMPA, FL 33602 |
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**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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

| | |
|---|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

04/16/05-80001-011 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP HICKS, ROBERT H 3101 SAMARA DR TAMPA, FL 00000, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HICKS, MARY 3101 SAMARA DR TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BOPP, LAUREN 3101 SAMARA DR TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LARCOMB, DEBORAH 3101 SAMARA DR TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied in 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 officers empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/05 81328607722