

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F96000004122

1. Entity Name
HICKORY CONSTRUCTION COMPANY



Principal Place of Business
1728 NINTH AVE NW
HICKORY, NC 28601

Mailing Address

PO BOX 1769
HICKORY, NC 28603

**FILED
Feb 13, 2006 8:00 am
Secretary of State**

02-13-2006 90037 023 ***150.00

40013504



02062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JANITZ, TERRY W 16517 VANDERBILT DR BONITA SPRINGS, FL 33923				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			

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
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOSS, CHARLES W JR		NAME		
STREET ADDRESS	6197 WILLOW BOTTOM RD		STREET ADDRESS		
CITY-ST-ZIP	HICKORY, NC 28602		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUCOM, C. MARK		NAME		
STREET ADDRESS	4501 8TH STREET, PLACE, NE		STREET ADDRESS		
CITY-ST-ZIP	HICKORY, NC 28601		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ECKARD, P. CURT		NAME		
STREET ADDRESS	2990 MIDNIGHT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HICKORY, NC 28601		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLOWERS, JEANNA C		NAME		
STREET ADDRESS	6032 BUCKSKIN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HICKORY, NC 28601		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMMONS, DORA		NAME		
STREET ADDRESS	1228 ANTIOCH CHURCH ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAYLORSVILLE, NC 28681		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRYE, DWIGHT C		NAME		
STREET ADDRESS	5794 SELKIRK DR		STREET ADDRESS		
CITY-ST-ZIP	HICKORY, NC		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeanna C. Flowers* **Jeanna C. Flowers** **2/6/06** **828-322-9234**

Y **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #