

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 12, 2007 8:00 am
Secretary of State**

03-12-2007 90374 049 ***150.00

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03072007 Chg-P CR2E034 (12/06)

DOCUMENT # F96000004122			
<p>1. Entity Name HICKORY CONSTRUCTION COMPANY</p> <p>Principal Place of Business 1728 NINTH AVE NW HICKORY, NC 28601</p> <p>Mailing Address PO BOX 1769 HICKORY, NC 28603</p>			
2. Principal Place of Business - No P.O. Box #		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	
<p>JANITZ, TERRY W 16517 VANDERBILT DR BONITA SPRINGS, FL 33923</p>		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.			
<p>SIGNATURE _____</p> <p>Signature, typed or printed name of registered agent and title if applicable.</p> <p>(NOTE: Registered Agent signature required when reinstating)</p> <p>DATE _____</p>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<p>TITLE VD NAME MOSS, CHARLES W JR STREET ADDRESS 6197 WILLOW BOTTOM RD CITY-ST-ZIP HICKORY, NC 28602</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE PD NAME BAUCOM, C. MARK STREET ADDRESS 4501 8TH STREET, PLACE, NE CITY-ST-ZIP HICKORY, NC 28601</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE ST NAME FLOWERS, JEANNA C STREET ADDRESS 6032 BUCKSKIN DRIVE CITY-ST-ZIP HICKORY, NC 28601</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE AS NAME AMMONS, DORA STREET ADDRESS 1228 ANTIQUITY CHURCH ROAD CITY-ST-ZIP TAYLORSVILLE, NC 28681</p> <p><input checked="" type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>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.</p>			
<p>SIGNATURE: <i>Jeanna Flowers</i></p>		<p>3/7/07 828-322-9234</p>	
<p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p>Date Daytime Phone #</p>	