

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90272 040 \*\*\*150.00

**DOCUMENT # G73455**

1. Entity Name  
**HICKORY TRAILS DEVELOPMENT CORPORATION**



Principal Place of Business

**115 S. LEMON AVENUE  
TITUSVILLE, FL 32796**

Mailing Address

**115 S. LEMON AVENUE  
TITUSVILLE, FL 32796**

**94054161**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2366094**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**EVANS, JOHN H.  
1702 S. WASHINGTON AVE.  
TITUSVILLE, FL 32780**

**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  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	VAN SCHUPPEN, WOUT
STREET ADDRESS	115 S. LEMON AVE.
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	DST
NAME	VAN SCHUPPEN, JOHANNA
STREET ADDRESS	115 S. LEMON AVE.
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	V.P.
NAME	Wouter Van Schuppen
STREET ADDRESS	4333 Kenneth Ct
CITY-ST-ZIP	Titusville, FL 32780
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 addendum, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Wouter Van Schuppen**

**4/13/04**

Date

Daytime Phone #