2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # G73455

1. Entity Name
HICKORY TRAILS DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
115 S. LEMON AVENUE TITUSVILLE, FL 32796	115 S. LEMON AVENUE TITUSVILLE, FL 32796

DO NOT WRITE IN THIS SPACE

04252007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2366094
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 date is applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

UD00007S3934
05/22/07-80038-014 150.00

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	VP
NAME	VAN SCHUPPEN, WOUTER
STREET ADDRESS	4333 KENNETH CT
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	ST
NAME	VAN SCHUPPEN, MENNO
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	

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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: _____ 4-26-07 (321) 269-8054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #