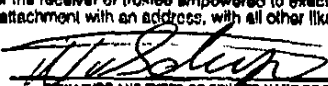


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # G73455		
1. Entity Name HICKORY TRAILS DEVELOPMENT CORPORATION		
Principal Place of Business 115 S. LEMON AVENUE TITUSVILLE, FL 32796	Mailing Address 115 S. LEMON AVENUE TITUSVILLE, FL 32796	
DO NOT WRITE IN THIS SPACE		
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		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
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 Fee
		1000000753934 05/22/07-80038-014 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN SCHUPPEN, WOUT 115 S. LEMON AVE. TITUSVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VAN SCHUPPEN, JOHANNA 115 S. LEMON AVE. TITUSVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAN SCHUPPEN, WOUTER 4333 KENNETH CT TITUSVILLE, FL 32780	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VAN SCHUPPEN, MENNO 4333 KENNETH CT 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 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) 269-8034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone