

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # H79863

1. Entity Name
HICKS NATION ARCHTIECTS, INC.



Principal Place of Business
% JERRY L. HICKS
1382 TIMBERLANE ROAD, SUITE C
TALLAHASSEE, FL 32312

Mailing Address
% JERRY L. HICKS
1382 TIMBERLANE ROAD, SUITE C
TALLAHASSEE, FL 32312



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2594801

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HICKS, JERRY L.
1382 TIMBERLANE ROAD
SUITE C
TALLAHASSEE, FL 32312

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HICKS, JERRY L 1382 TIMBERLANE RD #C TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NATION, JOHN W 1382 TIMBERLANE RD., #C TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000580760
01/10/07-80061-014 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jerry L. Hicks JERRY L. HICKS, PD 1-5-07 8508931/30