


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90031 009 ***158.75

DOCUMENT # H79863			
1. Entity Name HICKS NATION ARCHTIECTS, INC.			
Principal Place of Business % JERRY L. HICKS John W. Nation 1382 TIMBERLANE ROAD, SUITE C TALLAHASSEE, FL 32312		Mailing Address % JERRY L. HICKS John W. Nation 1382 TIMBERLANE ROAD, SUITE C TALLAHASSEE, FL 32312	
2. Principal Place of Business - No P.O. Box # 1382 Timberlane Road		3. Mailing Address SAME	
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc.	
City & State Tallahassee, Florida		City & State	
Zip 32312	Country USA	Zip	Country
4. FEI Number 59-2594801		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HICKS, JERRY L. John W. Nation 1382 TIMBERLANE ROAD SUITE C TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent 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. SIGNATURE <u>John Nation</u> John Nation President Jan. 15, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			



01092008 Chg-P CR2E034 (12/06)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HICKS, JERRY L <input checked="" type="checkbox"/> Delete 1382 TIMBERLANE RD #C TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John W. Nation <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1382 Timberlane Rd., #C Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NATION, JOHN W <input checked="" type="checkbox"/> Delete 1382 TIMBERLANE RD., #C TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: John Nation **John Nation** **Jan. 15, 2008** **850-843-1130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #