

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # H92121	
1. Entity Name HICKS ENTERPRISES OF NORTHWEST FLORIDA, INC.	

Principal Place of Business 900 CANDY LANE CANATONMENT FL 32533	Mailing Address 900 CANDY LANE CANATONMENT FL 32533
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2616043	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HICKS, WILLIAM K JR 900 CANDY LANE CANTONMENT FL 32533
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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 *William K Hicks Jr* **3-8-06**
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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	DV HICKS, WILLIAM K, SR. 900 CANDY LANE CANTONMENT FL 32533 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HICKS, DORIS N. 900 CANDY LANE CANTONMENT FL 32533 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HICKS, WILLIAM K, JR. 900 CANDY LANE CANTONMENT FL 32533 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HICKS, GAIL A. 900 CANDY LANE CANTONMENT FL 32533 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add ☐ Delete 000000467184 03/23/06-80035-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add ☐ Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gail Hicks* **3/6/06 850-968-9046**