


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State


04-09-2007 90063 050 ***150.00

DOCUMENT # J95288 1. Entity Name FICKLING CONSTRUCTION, INC.	
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Principal Place of Business % T. ALAN FICKLING 1703 LAMBERT ST. JACKSONVILLE, FL 32206	Mailing Address % T. ALAN FICKLING 1703 LAMBERT ST. JACKSONVILLE, FL 32206
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DO NOT WRITE IN THIS SPACE

40055540



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2853257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FICKLING, T. ALAN 1703 LAMBERT ST. JACKSONVILLE, FL 32206	DO NOT WRITE IN THIS SPACE
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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.

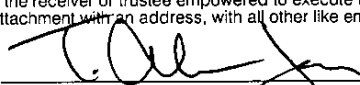
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FICKLING, T. ALAN 1703 LAMBERT ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ALLEN, TIMOTHY 1703 LAMBERT STR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ZILLS, GLENN C 1703 LAMBERT STR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:  **4/5/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #