


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000054113		
1. Entity Name HICKS' TRUCKING & FILL, LLC		
Principal Place of Business 3445 OLD MOULTRIE RD., LOT A ST. AUGUSTINE, FL 32086		Mailing Address 3445 OLD MOULTRIE RD., LOT A ST. AUGUSTINE, FL 32086
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HICKS, SHAWNA C 3445 OLD MOULTRIE RD., LOT A ST. AUGUSTINE, FL 32086		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKS, JAMES K 3445 OLD MOULTRIE RD., LOT A ST. AUGUSTINE, FL 32086	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: <i>James K Hicks</i> 1-14-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01142008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2230265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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03/26/08-80091-001 138.75