


**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

<b>DOCUMENT # L05000009887</b>			
<b>1. Entity Name</b> HICKORY TREE AUTO BODY, LLC			
Principal Place of Business <b>1105 QUOTATION COURT ST. CLOUD FL 34772 US</b>		Mailing Address <b>120 WEST CARROLL STREET KISSIMMEE FL 34741 US</b>	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>LANDIS, DAVID M</b> <b>225 EAST ROBINSON STREET</b> <b>TWO LANDMARK CENTER, SUITE 600</b> <b>ORLANDO FL 32801</b>			Name Street Address City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.</b>			
<b>SIGNATURE</b> _____ <small>(Signature, typed or printed name of registrant agent and title if applicable) (NOTE: Registered Agent signature required)</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of Banking Regulation</b> <b>Due By May 1, 2006</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>BRUNSON, FRED O</b> <b>120 WEST CARROLL STREET</b> <b>KISSIMMEE FL 34741</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate and that my signature shall have the same legal effect as if limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, F.S.</b>			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			



ATTACHMENT

30 001999

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2006

HICKORY TREE AUTO BODY, LLC  
120 WEST CARROLL STREET  
KISSIMMEE, FL 34741 US

Subject: **HICKORY TREE AUTO BODY, LLC**

Reference Number:

L05000009887

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH

ANNUAL REPORTS SECTION

