2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State

DOCU 1. Entity Nam HICKS O	ne	# L39982 NC.	•				04-26-2007	90195 0.	50 ***150	0.00
Principal Plac	e of Busines	s ·	Mailing Address			7				
1390 N. CENTRAL AVE. 1390 N CENTRAL AVE							•			
P.O. BOX 237 P O BOX 237										
AVON PARK,	FL 33825	US	AVON PARK, FL 3382	25 US						
,										
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
. Suite, Apt. #, etc.			Suite, Apt. #, etc.			04112007	Chg-P	CR2E	034 (12/06)	
City & State			City & State			4. FEI Number 65-0164387		Applied For Not Applicable		
Zip		Country	Zip	Countr	гу		of Status Desired		\$8.75 Add	litional
	6 Name	and Address of Current	Registered Agent				Address of New		Fee Require	d
6. Name and Address of Current Registered Agent					Name	r. Name and	Address of New	Kedizisien	Vitatir.	
HICKS, CL										
1390 N CE					Street Address	s (P.O. Box Numbe	r is Not Acceptat	ole)		
AVON PA	HK, FL 33	8825							, .	
					City			FL	Zip Cod	 B
The above named entity submits this statement for the purpose of changing its registered office or register.							L :- 15 - Ct-t (f		4	
	a named entit tions of regist		or the purpose of changing it	s registered	a office or regist	tered agent, or bot	n, in the State of F	-iorida. i am	i amiliar with,	and accept
SIGNATURE_										
}	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature requi	ired when reinstating)		DATE		
	Signature, typed	or printed name of registered agent				Ī		DATE		
	E NOW!!!	FEE IS \$150.00 7 Fee will be \$550.	9. Election Camp	aign Financ	oing _ \$	5.00 May Be dded to Fees		DATE		
	E NOW!!!	FEE IS \$150.00	9. Election Camp. Trust Fund Cor	aign Financ	oing _ \$	5.00 May Be dded to Fees	CHANGES TO OF		D DIRECTOR	S IN 11
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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.

Date

Daytime Phone #

ATTHE AND TYPED OF PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP