


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L77113 1. Entity Name HICKMAN, HICKMAN, & MCCOY, INC.	
---	---

Principal Place of Business 6605 S DIXIE HWY STE 200 WEST PALM BEACH, FL 33405	Mailing Address 6605 S DIXIE HWY STE 200 WEST PALM BEACH, FL 33405
---	---



07092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0198919	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

HICKMAN, WALLACE W
 1084 CARAMBOLA CIRCLE
 WEST PALM BEACH, FL 33406

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HICKMAN, WALLACE W 1084 CARAMBOLA CIRCLE W. PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HICKMAN, WALLACE W JR 1084 CARAMBOLA CIRCLE W. PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MC COY, JERRY D 1808 NORTH R ST. LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

W0000165576
 07/16/04-90002-016 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Wallace W. Hickman Jr Wallace W. Hickman Jr 7-13-04 5618225588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #