

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # M52590

1. Entity Name

HICKORY NUT RACING STABLES, INC.



FILED

2007 JUN -5 PM 12:41



Principal Place of Business

Mailing Address

151 EMERALD AVE
FORT PIERCE FL 34945

151 EMERALD AVE
FORT PIERCE FL 34945

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

151 EMERALD AVE

151 EMERALD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Fort Pierce Fla

Fort Pierce

City & State

City & State

Zip 34945

Country P/S/Lucia

Zip 34945

Country 17/ST-Lucia

2nd MOORE

CR2E034 (4/07)

4. FEI Number

65-0003268

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENNIS, JOHN
151 EMERALD AVE
FORT PIERCE FL 34945

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(Print name, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE OP
NAME DENNIS, JOHN
STREET ADDRESS 151 EMERALD AVE
CITY-ST-ZIP FORT PIERCE FL 34945 ☐ Delete

TITLE S
NAME DENNIS, MICKI M.
STREET ADDRESS 151 EMERALD AVE
CITY-ST-ZIP FORT PIERCE FL 34945 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME John Dennis ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Micki M Dennis ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *John W. Dennis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5-15-07 Daytime Phone # 772