2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# M81745

Entity Name: HENRY'S HICKORY HOUSE, INC.

Current Principal Place of Business:

249 COPELAND STREET
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2823
JACKSONVILLE, FL 32203 US

New Mailing Address:

FEI Number: 59-2896250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, WILLIAM H
249 COPELAND STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: MORRIS, WILLIAM H.,
Address: 2421 DENNIS ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: TD ( ) Delete
Name: MORRIS, WILLIAM H.,
Address: 2421 DENNIS ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: MORRIS, WILLIAM H.,
Address: 4339 ROOSEVELT BVLD, SUITE 400
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD (X) Change ( ) Addition
Name: MORRIS, WILLIAM H.,
Address: 4339 ROOSEVELT BVLD, SUITE 400
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Change (X) Addition
Name: COON, STEVEN L
Address: 4339 ROOSEVELT BLVD, SUITE 400
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Change (X) Addition
Name: WILLIAMS, MICHAEL K
Address: 4339 ROOSEVELT BLVD, SUITE 400
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL K WILLIAMS D 04/19/2004

Electronic Signature of Signing Officer or Director Date