2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000062024

1. Entity Name
MILTON J. HICKS, INC.

Principal Place of Business	Mailing Address
245 DARTMOUTH ROAD VENICE, FL 34293	245 DARTMOUTH ROAD VENICE, FL 34293

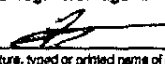## DO NOT WRITE IN THIS SPACE

06282005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1037878	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HICKS, MILTON J
245 DARTMOUTH ROAD
VENICE, FL 34293

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 6/28/2005

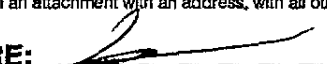| FILE NOW!!! FEE IS $550.00 Due by September 7, 2005	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	HICKS, MILTON I
STREET ADDRESS	245 DARTMOUTH RD
CITY-ST-ZIP	VENICE, FL 34293

U000000372191
07/11/05-80022-004 558.75

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____   7-5-2005   941 809 3893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #