


FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90130 042 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000070650

1. Entity Name
HICKEY & HICKEY TRUCKING, INC.



Principal Place of Business
RT-3 BOX 27262 801 SW Churchill way LAKE CITY, FL 32025

Mailing Address
RT-3 BOX 27262 801 SW Churchill way LAKE CITY, FL 32025

Lake City, FL 32025



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3551449

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HICKEY, MARGIE
~~RT-3 BOX 27262~~ **801 SW Churchill Way**
LAKE CITY, FL 32025

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 necessary) DATE _____

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$650.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	HICKEY, MARGIE P	25 GRAY RD	801 SW Churchill Way LAKE CITY, FL 32025
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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)(c), 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: Margie P. Hickey 04/27/04 386-758-9152

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #