

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000070650

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: HICKEY & HICKEY TRUCKING, INC.

## Current Principal Place of Business:

801 SW CHURCHILL WAY  
LAKE CITY, FL 32025

## New Principal Place of Business:

251 S.W. POWELL GLENN  
FT. WHITE, FL 32038

## Current Mailing Address:

801 SW CHURCHILL WAY  
LAKE CITY, FL 32025

## New Mailing Address:

251 S.W. POWELL GLENN  
FT. WHITE, FL 32038

FEI Number: 59-3661449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HICKEY, MARGIE  
801 SW CHURCHILL WAY  
LAKE CITY, FL 32025 US

## Name and Address of New Registered Agent:

HICKEY, MARGIE  
251 S.W. POWELL GLENN  
FT. WHITE, FL 32038 US

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: MARGIE HICKEY

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HICKEY, MARGIE P  
Address: 801 SW CHURCHILL WAY  
City-St-Zip: LAKE CITY, FL 32025

Title: O ( ) Delete  
Name: HICKEY, JAMES O  
Address: 801 SW CHURCHILL WAY  
City-St-Zip: LAKE CITY, FL 32025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HICKEY, MARGIE P  
Address: 251 S.W. POWELL GLENN  
City-St-Zip: FT. WHITE, FL 32038

Title: O (X) Change ( ) Addition  
Name: HICKEY, JAMES O  
Address: 251 S.W. POWELL GLENN  
City-St-Zip: FT. WHITE, FL 32038

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARGIE HICKEY

O

04/26/2007

Electronic Signature of Signing Officer or Director

Date