

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90038 023 \*\*\*150.00

**DOCUMENT # P01000062702**

1. Entity Name  
**KATHERINE HICKS, P.A.**



Principal Place of Business  
**33 FISHERMANS COVE  
PONTE VEDRA BEACH, FL 32082**

Mailing Address  
**33 FISHERMANS COVE  
PONTE VEDRA BEACH, FL 32082**

**54065061**



2. Principal Place of Business  
**1516 Birkdale Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**1516 Birkdale Lane**  
Suite, Apt. #, etc.

07162004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-3727654**

Applied For  
Not Applicable

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

Zip Country  
**USA**

Zip Country  
**USA**

**6. Name and Address of Current Registered Agent**

**HICKS, KATHERINE  
33 FISHERMANS COVE  
PONTE VEDRA BEACH, FL 32082**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1516 Birkdale Lane**  
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

\*Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE **DPST** ☐ Delete  
NAME **HICKS, KATHERINE**  
STREET ADDRESS **33 FISHERMANS COVE**  
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1516 Birkdale Lane**  
CITY-ST-ZIP

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

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

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

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: **Katherine Hicks** **Katherine Hicks**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/27/04**  
Date

**9042856679**  
Daytime Phone #