

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000077940

1. Entity Name
JANET L. HICKS, INC.



Principal Place of Business
10566 NW 66 STREET
PARKLAND, FL 33076

Mailing Address
10566 NW 66 STREET
PARKLAND, FL 33076

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip Country

City & State

Zip Country

02172007 Chg-P CR2E034 (12/06)

4. FEI Number
65-1127817

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

6. Name and Address of Current Registered Agent

DUBROW DUKER & ASSOCIATES, P.A.
2832 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

Name *Lyle Munce*

Street Address (P.O. Box Number is Not Acceptable)

10566 NW 66 Street

City *Parkland* FL Zip Code *33076*

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 *Lyle Munce*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *2/17/07*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD Delete
NAME HICKS, JANET
STREET ADDRESS 10566 NW 66 STREET
CITY-ST-ZIP PARKLAND, FL 33076

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *Munce, Janet* Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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 exemptions contained 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 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: *Janet L. Hicks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *2/17/07* Daytime Phone # *954-354-1131*