2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90065 050 ***150.00

DOCUMENT # P01000113457

1. Entity Name
HICKOX ENTERPRISES, INC.

Principal Place of Business	Mailing Address
11247 SAN JOSE BLVD APT #2007 JACKSONVILLE, FL 32223	11247 SAN JOSE BLVD APT #2007 JACKSONVILLE, FL 32223

03012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10762 ORCHARD WALK PL [illegible] W. JACKSONVILLE, FL 32257-6927	10762 ORCHARD WALK PL [illegible] W. JACKSONVILLE, FL 32257-6927
Zip / Country	Zip / Country

4. FEI Number: 59-3759778 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HICKOX, ROBERT H 11247 SAN JOSE BLVD #2007 JACKSONVILLE, FL 32223	Name: HICKOX, ROBERT Street Address: 10762 ORCHARD WALK PL [illegible] W. JACKSONVILLE, FL 32257-6927 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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST HICKOX, ROBERT 11247 SAN JOSE BLVD #2007 JACKSONVILLE, FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST HICKOX, ROBERT 10762 ORCHARD WALK PL [illegible] W. JACKSONVILLE, FL 32257-6927	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HICKOX, LYNNE G 11247 SAN JOSE BLVD., #2007 JACKSONVILLE, FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HICKOX, LYNNE G. 10762 ORCHARD WALK PL [illegible] W. JACKSONVILLE, FL 32257-6927	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] PRES. ROBERT H. HICKOX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #