

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90032 020 \*\*\*150.00

<b>DOCUMENT # P02000067128</b> 1. Entity Name <b>HICKEY CREEK CORPORATION</b>			
Principal Place of Business <b>18141 CALLE RD. NORTH FORT MYERS, FL 33917</b>		Mailing Address <b>18141 CALLE RD. NORTH FORT MYERS, FL 33917</b>	
2. Principal Place of Business <b>1625 Hendry St. Suite 301 Fort Myers FL 33901</b>		3. Mailing Address <b>1625 Hendry St. Suite 301 Fort Myers FL 33901</b>	
4. FEI Number <b>04-3694656</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01102006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>ROEDER, MICHAEL E 1625 HENDRY ST., SUITE 301 FT. MYERS, FL 33901</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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: <u><i>Michael E Roeder</i></u> DATE: <u>2/6/06</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS ROEDER, MICHAEL E 1625 HENDRY ST., SUITE 301 FT. MYERS, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PENFIELD, MARK 18141 NALLE ROAD NORTH FORT MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Mark Penfield</i></u>		DATE: <u>1/10/06</u> DAYTIME PHONE: <u>239-872-9028</u>	