


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

06-08-2007 90002 004 \*\*\*158.75

<b>DOCUMENT # P02000084316</b> 1. Entity Name LARRY HICKS CONSTRUCTION, INC.	
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Principal Place of Business 2319 RISEN DRIVE CANTONMENT, FL 32533-7492	Mailing Address 2319 RISEN DRIVE CANTONMENT, FL 32533-7492
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**DO NOT WRITE IN THIS SPACE**



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3647648	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HICKS, LARRY D  
2319 RISEN DRIVE  
CANTONMENT, FL 32533-7492

**DO NOT WRITE  
IN THIS SPACE**

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  DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HICKS, LARRY D 2319 RISEN DRIVE CANTONMENT, FL 325337492
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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:  **5-3-07** **850 712 1317**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #