
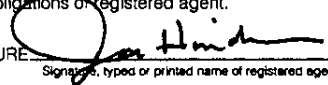
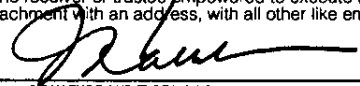


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000125701		
1. Entity Name HALLICK CHANE MANAGEMENT, INC.		
Principal Place of Business 4134 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308		Mailing Address 809 NE 19 TERR FT LAUDERDALE, FL 33304
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HINDEN, JON A 4430 SOUTHWEST 64TH AVENUE DAVIE, FL 33314		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  (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	HALLICK, JEFFREY	
STREET ADDRESS	809 NORTHEAST 19TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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:  JEFF HALLICK		Date 1-4-07 Daytime Phone # 954-258-4662



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1662259	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

000000774371
01/07/08-80012-014 150.00