

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90046 041 \*\*\*150.00

**DOCUMENT # P03000000557**

1. Entity Name  
**HICKORY TREE TRADING COMPANY, INC.**



Principal Place of Business  
**2601 TECHNOLOGY DRIVE  
ORLANDO, FL 32804**

Mailing Address  
**P.O. BOX 2807  
ORLANDO, FL 32802**

**40005110**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**MUNNS, RANIER F  
250 NORTH ORANGE AVENUE  
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **Munns, Ranier F.**

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

**2601 Technology Dr.**

City **Orlando**

**FL**

Zip Code **32804**

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

**1/17/05**

**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

TITLE **D** ☐ Delete  
NAME **MUNNS, RANIER F**  
STREET ADDRESS **250 NORTH ORANGE AVENUE**  
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D** ☐ Delete  
NAME **SMIDER, CHARLES**  
STREET ADDRESS **P.O. BOX 700207**  
CITY-ST-ZIP **ST. CLOUD, FL 34770**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **Munns, Ranier F**  
STREET ADDRESS **2601 Technology Dr.**  
CITY-ST-ZIP **Orlando, FL 32804**

TITLE **D** ☒ Change ☐ Addition  
NAME **Snider, Charles**  
STREET ADDRESS **PO Box 700207**  
CITY-ST-ZIP **St. Cloud, FL 34770**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/05**

Daytime Phone #

**407-578-9696**