


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000019963 1. Entity Name R L & N HICKS INC	
--	---

Principal Place of Business 3207 SPRING LAKE RD LAKE WALES, FL 33898	Mailing Address 3207 SPRING LAKE RD LAKE WALES, FL 33898
--	--

DO NOT WRITE IN THIS SPACE



04062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3767479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HICKS, R L 3207 SPRING LAKE RD LAKE WALES, FL 33898

**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 NAME STREET ADDRESS CITY - ST - ZIP	P HICKS, RL 3207 SPRINGLAKE RD LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HICKS, NANCY 3207 SPRING LAKE RD LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STEGMAN, TINA H 1475 STOKES RD LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD STEGMAN, SCOTT M 1475 STOKES RD LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: X  **4.25.08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #