

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038435

FILED
Jan 11, 2007
Secretary of State

Entity Name: JOSHUA HICKS CONSTRUCTION INC

Current Principal Place of Business:

319 QUAIL RUN
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

180 ANN CIRCLE
CRAWFORDVILLE, FL 32327

Current Mailing Address:

319 QUAIL RUN
CRAWFORDVILLE, FL 32327

New Mailing Address:

180 ANN CIRCLE
CRAWFORDVILLE, FL 32327

FEI Number: 61-1446637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKS, JOSHUA
319 QUAIL RUN
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

HICKS, JOSHUA L
180 ANN CIRCLE
CRAWFORDVILLE, FL 32327 US

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.

SIGNATURE: JOSHUA L. HICKS

01/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HICKS, JOSHUA
Address: 319 QUAIL RUN
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HICKS, JOSHUA
Address: 180 ANN CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSHUA L. HICKS

D

01/11/2007

Electronic Signature of Signing Officer or Director

Date