

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90085 032 ***158.75

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1. Entity Name
HIDDEN OAK BROKERS, INC.



Principal Place of Business
**1415 NORTH 1ST STREET
301
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**P.O. BOX 11254
JACKSONVILLE, FL 32239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092006 Chg-P CR2E034 (11/05)

4. FEI Number
57-1171900

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SLOCUM, COLIN S
1415 NORTH 1ST STREET
301
JACKSONVILLE BEACH, FL 32250**

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
HARDESTY, DAVID A P
5186 CYPRESS CREST LANE
JACKSONVILLE, FL 32226** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
SLOCUM, COLIN S T
1415 NORTH 1ST STREET
JACKSONVILLE BEACH, FL 32250** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CMO
SLOCUM, RALPH S VP
4128 HOLLISTER PLACE
JACKSONVILLE, FL 32257** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CMO
Ralph S. Slocum VP
4329 Falling Leaf Ct.
Jacksonville, FL 32258** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO
SLOCUM, MATTHEW A VP
84 WEST 9TH STREET
ATLANTIC BEACH, FL 32233** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO
Slocum, Matthew A VP
13073 Birch Bark Ct. N.
Jacksonville, FL 32246** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Carolyn N. Slocum
1415 N. 1st. Street #301
Jacksonville Beach, FL 32250** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David A. Hardesty CEO 4-13-06 904-751-5424