

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P03000105683

1. Entity Name
HICKEY & HICKEY, INC.



Principal Place of Business
**1135 PASADENA AVE S STE 111
ST PETERSBURG, FL 33707**

Mailing Address
**1135 PASADENA AVE S STE 111
ST PETERSBURG, FL 33707**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0293516	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

**HICKEY, ALLAN E
1135 PASADENA AVE S STE 111
ST PETERSBURG, FL 33707**

**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 _____
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HICKEY, ALLAN
STREET ADDRESS	1135 PASADENA AVE S STE 111
CITY-ST-ZIP	ST PETERSBURG, FL 33707
TITLE	VST
NAME	HICKEY, SHIRLEY L
STREET ADDRESS	1135 PASADENA AVE S STE 111
CITY-ST-ZIP	ST PETERSBURG, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000721180
05/01/07-80136-005 150.00

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: *Allan E Hickey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07

Date

727.327.4406

Daytime Phone #