

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # P03000109903

1. Entity Name
HICKEY CORPORATION



Principal Place of Business
**18141 NALLE RD
N FORT MYERS, FL 33917**

Mailing Address
**18141 NALLE RD
N FORT MYERS, FL 33917**



03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0294877	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PENFIELD, MARK R
18141 NALLE RD
N FORT MYERS, FL 33917**

**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, 2008 Fee will be \$550.00**

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

000000857110
03/31/08-80001-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PENFIELD, MARK R
STREET ADDRESS	18141 NALLE RD
CITY-STATE-ZIP	N FORT MYERS, FL 33917

TITLE	D
NAME	ROEDER, MICHAEL E
STREET ADDRESS	2929 BONITA CT
CITY-STATE-ZIP	FT MYERS, FL 33901

TITLE	D
NAME	RITTER, LELAND G JR.
STREET ADDRESS	5796 ENTERPRISE PKWY
CITY-STATE-ZIP	FT MYERS, FL 33905

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08

Date

Daytime Phone #

239-872-9028