

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000132280

1. Entity Name

JAMES T. HICKMAN TILE INCORPORATED



Principal Place of Business

**42105 PINE VALLEY DRIVE
PAISLEY FL 32767**

Mailing Address

**42105 PINE VALLEY DRIVE
PAISLEY FL 32767**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

2nd MOORE

CR2E034 (5/05)

Zip

Country

Zip

Country

4. FEI Number

20-0425789

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

**HICKMAN, JAMES T
42105 PINE VALLEY DRIVE
PAISLEY FL 32767**

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

James T. Hickman
Signature, typed or printed name of registered agent and title if applicable

James T. Hickman
(NOTE: Registered Agent signature required when reinstating)

8/30/05
DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 7, 2005

Make Check Payable to Florida Department of State

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **P** ☐ Delete
NAME: **HICKMAN, JAMES T**
STREET ADDRESS: **42105 PINE VALLEY DRIVE**
CITY- ST- ZIP: **PAISLEY FL 32767**

TITLE: **VP** ☐ Delete
NAME: **HICKMAN, JAMES T**
STREET ADDRESS: **524 SOUTH MONTGOMERY AVENUE**
CITY- ST- ZIP: **DELAND FL 32720**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

James T. Hickman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/05
Date

(352)-669-0145
Daytime Phone #