


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90138 020 \*\*\*150.00

|   |  |   |
|---|--|---|
| <b>DOCUMENT # P03000136969</b>                  |  |  |
| 1. Entity Name<br><b>LEONARD L. HICKS, INC.</b> |  |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>5824 INDIAN TRAIL<br/>KEYSTONE HEIGHTS FL 32656</b> | Mailing Address<br><b>5824 INDIAN TRAIL<br/>KEYSTONE HEIGHTS FL 32656</b> |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



1st MOORE CR2E034 (10/04)

|   |  |  |
|---|--|--|
| 4. FEI Number <b>55-0853877</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>           |  |  |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent            |
| <b>DOYLE, WILLIAM E</b><br><b>2002 SOUTHSIDE BLVD</b><br><b>SUITE 201</b><br><b>JACKSONVILLE FL 32216</b> |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

| 10. OFFICERS AND DIRECTORS |                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HICKS, LEONARD L</b>            | NAME  |   |
| STREET ADDRESS             | <b>5824 INDIAN TRAIL</b>           | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>KEYSTONE HEIGHTS FL 32656</b>   | CITY-ST-ZIP   |   |
| TITLE                      | ST <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HICKS, LINDA M</b>              | NAME  |   |
| STREET ADDRESS             | <b>5824 INDIAN TRAIL</b>           | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>KEYSTONE HEIGHTS FL 32656</b>   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |   |

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: Linda M Hicks ST 4-8-05 352-4733989  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #