


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90010 026 \*\*\*150.00

DOCUMENT # P03000136969			
1. Entity Name LEONARD L. HICKS, INC.			
Principal Place of Business 5824 INDIAN TRAIL KEYSTONE HEIGHTS FL 32656		Mailing Address 5824 INDIAN TRAIL KEYSTONE HEIGHTS FL 32656	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  DOYLE, WILLIAM E. 2002 SOUTHSIDE BLVD SUITE 201 JACKSONVILLE FL 32216		7. Name and Address of New Registered Agent Name: William E. Doyle P.A. Street Address (P.O. Box Number is Not Acceptable) 2121 CORPORATE SQUARE BLVD. SUITE 124 Jax, FL. City: FL Zip Code: 32216	
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 registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	D HICKS, LEONARD L 5824 INDIAN TRAIL KEYSTONE HEIGHTS FL 32656 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HICKS, LINDA M 5824 INDIAN TRAIL KEYSTONE HEIGHTS FL 32656 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2-21-07

Date

352-4233989

Daytime Phone #

ATTACHMENT

60019525

#P03000136969 2-21-07

to dept of state, division of corporations

on 2-5-07 I sent in my 2007 A.R. Report for  
James Hicks inc FIEN # 55-0853877

after that I received a letter from the registered  
agent that he has changed his address it is

William E. Doyle P.A.

2121 Corporate square Blvd. suite # 124

Jay fl. 32216

Phone # 904-720-0506

thank you, Linda Hicks 352-4733989