

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000144629	
1. Entity Name JAMES HICKMAN II CUSTOM CARPENTRY CONTRACTING, INC.	

Principal Place of Business 7281 CR 763 BUSHNELL, FL 33513	Mailing Address PO BOX 1215 BUSHNELL, FL 33513
---	---

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1612354	Applied For ☐ Not Applicable
------------------------------------	---

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent MARCHBANKS, LAWRENCE J 110 CLEVELAND AVE WILDWOOD, FL 34785	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HICKMAN, JAMES 7281 CR 763 BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000574754
08/21/06-80002-002 150.00

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: *James Hickman II* **James Hickman II** *7/15/06* *352-793-1461*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #