# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
06-27-2005;90002 015 ***150.00
FILED P04000038569

05 JUL 25 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000038569

1. Entity Name
HICKOX DRYWALL INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4834 PINEBREEZE BLVD<br>CALLAHAN, FL 32011 | 4834 PINEBREEZE BLVD<br>CALLAHAN, FL 32011 |

05202005 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9018 Fairglade drN<br>Suite, Apt. #, etc. | 9018 Fairglade drN<br>Suite, Apt. #, etc. |
| City & State: Jax, FL | City & State: JAX, FL |
| Zip: 32221 Country: Duval | Zip: 32221 Country: Duval |

4. FEI Number: EIN # 77-0627806 ☐ 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 |
|---|---|
| HICKOX, JASON L<br>4834 PINEBREEZE BLVD<br>CALLAHAN, FL 32011 | Name: Jason L Hickox<br>Street Address (P.O. Box Number is Not Acceptable): 9018 Fairglade drN<br>City: Jax FL Zip Code: 32221 |

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] Jason L Hickox 6-23-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $550.00**
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | PD<br>HICKOX, JASON L<br>4834 PINEBREEZE BLVD<br>CALLAHAN, FL 32011 | ☒ Delete | PD<br>Hickox, Jason L<br>9018 Fairglade drN<br>Jax, FL 32221 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>HICKOX, JASON L<br>4834 PINEBREEZE BLVD<br>CALLAHAN, FL 32011 | ☒ Delete | S<br>Hickox, Jason L<br>9018 Fairglade drN<br>Jax, FL 32221 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ 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:** [signature] Jason L Hickox 6-23-05 904-371-0730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #