

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089448

FILED
Jan 16, 2009
Secretary of State

Entity Name: HICKORY BRANCH PROPERTIES, INC.

Current Principal Place of Business:

3433 GORDY ROAD
FT PIERCE, FL 34945 US

New Principal Place of Business:

Current Mailing Address:

3433 GORDY ROAD
FT PIERCE, FL 34945 US

New Mailing Address:

FEI Number: 20-1307364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARN, SUZANNE B
3433 GORDY RD.
FT PIERCE, FL 34945 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VARN, SUZANNE B
Address: 3433 GORDY RD.
City-St-Zip: FT. PIERCE, FL 34945 US

Title: VP () Delete
Name: VARN, DONALD M
Address: 3601 GORDY RD.
City-St-Zip: FT. PIERCE, FL 34945 US

Title: T () Delete
Name: VARN, DAVID R
Address: 1808 HAZELWOOD DR.
City-St-Zip: FT. PIERCE, FL 34982 US

Title: S () Delete
Name: VARN, MYRON M III
Address: 1812 SE ENFIELD AVE.
City-St-Zip: PORT ST LUCIE, FL 34952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: VARN, DAVID R
Address: 1811 HAZELWOOD DR.
City-St-Zip: FT. PIERCE, FL 34982 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE B. VARN

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date