

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90171 049 ***150.00

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1. Entity Name

HICKMAN TILE, INC.



Principal Place of Business
604 TUMBLIN KLING RD
FORT PIERCE FL 34982
US

Mailing Address
604 TUMBLIN KLING RD
FORT PIERCE FL 34982
US



2. Principal Place of Business

3715 BARBIZON CIR. N.
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

75-3171625

Applied For

Not Applicable

Zip

32257

Country

DUVAL

Zip

32257

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HICKMAN, HECTOR M
~~604 TUMBLIN KLING RD~~
~~FORT PIERCE FL FL 34982~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3715 BARBIZON CIR. N.

City

JAX

FL

Zip Code

32257

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

Hector M. Hickman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/21/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HICKMAN, HECTOR M
STREET ADDRESS ~~604 TUMBLIN KLING RD~~
CITY-ST-ZIP ~~FORT PIERCE FL 34982~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 3715 BARBIZON CIR. N.
CITY-ST-ZIP JACKSONVILLE, FL. 32257

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Hector M. Hickman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06

Date

904 374-7375

Daytime Phone #