2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000113825

1. Entity Name
HICKS/BRUCE INVESTMENTS, INC.

Principal Place of Business

2917 N CHANDLER DR HERNANDO, FL 34442 Mailing Address

2917 N CHANDLER DR HERNANDO, FL 34442 FILED Jan 05, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3318202 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

HICKS, CHARLES H III 2917 N CHANDLER DR HERNANDO, FL 34442

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its register	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.				required when remetating)	DATE ·
	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	9001.1307.130		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, CHARLES H III 2917 N CHANDLER DR HERNANDO, FL 34442				U00000576913 01/05/07-80001-013 150:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE, MICHAEL S 1550 75TH CIR NE ST PETERSBURG, FL 33702				
TITLE NAME STREET ADDRESS CITY-ST-7IP					NOT WRITE

IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

TITLE

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

Marks (d. (-Aceis:

CHARLES H. HICKS II

1/4/07

637-6262