# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2007**
**Secretary of State**

DOCUMENT# P06000004020

**Entity Name:** HICKS-HARLEY & ASSOCIATES, INC.

**Current Principal Place of Business:**

1590 HURST PLACE
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

408 EAST KESLEY LANE
ST. JOHNS, FL 32259

**Current Mailing Address:**

1590 HURST PLACE
JACKSONVILLE, FL 32209

**New Mailing Address:**

408 EAST KESLEY LANE
ST. JOHNS, FL 32259

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARLEY, PATRICIA D
1590 HURST PLACE
JACKSONVILLE, FL 32209 US

**Name and Address of New Registered Agent:**

HARLEY, PATRICIA D
408 EAST KESLEY LANE
ST. JOHNS, FL 32259 US

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: _____ 04/29/2007
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: HARLEY, LANGSTON C
Address: 1590 HURST PLACE
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: HARLEY, PATRICIA D
Address: 1590 HURST PLACE
City-St-Zip: JACKSONVILLE, FL 32209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: HARLEY, LANGSTON C
Address: 408 EAST KESLEY LANE
City-St-Zip: ST. JOHNS, FL 32259

Title: D (X) Change ( ) Addition
Name: HARLEY, PATRICIA D
Address: 408 EAST KESLEY LANE
City-St-Zip: ST. JOHNS, FL 32259

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: PATRICIA D. HARLEY D 04/29/2007
Electronic Signature of Signing Officer or Director — Date