2007 FOR PROFIT CORPORATION ANNUAL REPORT

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May 02, 2007 8:00 am
Secretary of State
05-02-2007 90114 031 ***150.00

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DOCUMENT # P06000081814

1. Entity Name
HICKMAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3037 INDIAN DR. ORLANDO, FL 32812	3037 INDIAN DR. ORLANDO, FL 32812

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2640 SE 20th Place	2640 SE 20th Place
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Cape Coral FL	City & State: Cape Coral FL
Zip: 33904 Country:	Zip: 33904 Country:

4. FEI Number: 22-3939455 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HICKMAN, JOAN
3037 INDIAN DR.
ORLANDO, FL 32812

7. Name and Address of New Registered Agent

Name: Joan Hickman
Street Address (P.O. Box Number is Not Acceptable): 2640 SE 20th Place
City: Cape Coral FL Zip Code: 33904

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] 4-24-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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 10	
TITLE	P	TITLE	P
NAME	HICKMAN, JOAN	NAME	Hickman, Joan
STREET ADDRESS	3037 INDIAN DR.	STREET ADDRESS	2640 SE 20th Place
CITY-ST-ZIP	ORLANDO, FL 32812 ☒ Delete	CITY-ST-ZIP	Cape Coral FL 33904 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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: [signature] Joan Hickman 4-24-07 239-772-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #