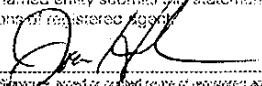
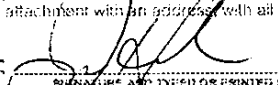


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90114 031 ***150.00

DOCUMENT # P06000081814					
1. Entity Name HICKMAN ENTERPRISES, INC.					
Principal Place of Business 3037 INDIAN DR. ORLANDO, FL 32812			Mailing Address 3037 INDIAN DR. ORLANDO, FL 32812		
2. Principal Place of Business - No P.O. Box # 2640 SE 20th Place			3. Mailing Address 2640 SE 20th Place		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Cape Coral FL			City & State Cape Coral FL		
Zip 33904			Zip 33904		
Country			Country		
4. FEE 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:  DATE: 4-24-07					
(NOTE: Registered Agent Signature required when making changes)					
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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HICKMAN, JOAN 3037 INDIAN DR. ORLANDO, FL 32812	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hickman, Joan 2640 SE 20th Place 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
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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:  DATE: 4-24-07 239-7727000					
PRINT NAME AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40101870

