
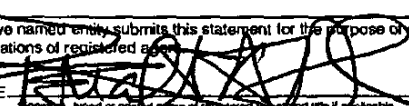



FILED
May 10, 2004 8:00 am
Secretary of State

04-12-2004 90548 001 ***450.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000008928		
1. Entity Name REGINALD D. HICKS, P.A.		
Principal Place of Business 219 LIME AVE ORLANDO, FL 32805 US		Mailing Address 219 LIME AVE ORLANDO, FL 32805 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HICKS, REGINALD D 219 LIME AVE ORLANDO, FL 32805		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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:  (NOTE: Registered Agent signature required when reappointing) DATE: 4-6-04		4. FEI Number 59-3216570 Applied For <input type="checkbox"/> Not Applicable
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HICKS, REGINALD D 219 LIME AVE ORLANDO, FL 32805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TITLE OF REGISTERED NAME OF SIGNED OFFICER OR DIRECTOR		Date: 4-21-04 Daytime Phone #: 402-422-5758