

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000053129

Entity Name: HICKSTEAD FARM, INC.

FILED  
Apr 30, 2005  
Secretary of State

**Current Principal Place of Business:**

1080 SW 73RD ST. RD.  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

921 SOUTH WEST 73RD STREET ROAD  
OCALA, FL 34476

**New Mailing Address:**

FEI Number: 59-3267643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HICKS, BRYAN  
1133 SOUTH EST 18 PLACE SUITE 3  
OCALA, FL 34471 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HICKS, MELODEE  
Address: 921 SW 73RD ST RD  
City-St-Zip: Ocala, FL 34471

Title: D ( ) Delete  
Name: HICKS, BRYAN C  
Address: 921 SW 73RD ST RD  
City-St-Zip: Ocala, FL

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRYAN C. HICKS

D

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date