


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000053129 1. Entity Name HICKSTEAD FARM, INC.	
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Principal Place of Business 1080 SW 73RD ST. RD. OCALA, FL 34476	Mailing Address 921 SOUTH WEST 73RD STREET ROAD OCALA, FL 34476
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**DO NOT WRITE IN THIS SPACE**



02252007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3267643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HICKS, BRYAN  
 5349 SW COLLEGE ROAD  
 SUITE 2  
 OCALA, FL 34474

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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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, MELODEE 921 SW 73RD ST RD OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, BRYAN C 921 SW 73RD ST RD OCALA, FL
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 03/07/07-80073-003 150.00

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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 reports 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:  **2-25-07** 352 895 5432  
 \_\_\_\_\_ Date Daytime Phone #  
SIGNATURE AND ADDRESS OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR