

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000053129

Entity Name: HICKSTEAD FARM, INC.

FILED
Apr 27, 2008
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
5349 SW COLLEGE ROAD
SUITE 2
OCALA, FL 34474 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: D (X) Change () Addition
Name: HICKS, MELODEE
Address: 921 SW 73RD ST RD
City-St-Zip: OCALA, FL 34476

Title: D (X) Change () Addition
Name: HICKS, BRYAN C
Address: 921 SW 73RD ST RD
City-St-Zip: OCALA, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/27/2008

Electronic Signature of Signing Officer or Director

_____ Date