

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90057 036 ***150.00

DOCUMENT # P96000073673	
1. Entity Name HAICK & HAICK, INC.	

Principal Place of Business 6314 WHISKEY CREEK DR UNIT C FORT MYERS, FL 33919 US	Mailing Address 6314 WHISKEY CREEK DR UNIT C FORT MYERS, FL 33919 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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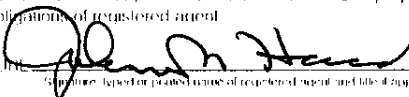
03232004 Chg-P CR2E034 (10/03)

4. Fil Number
65-0695476

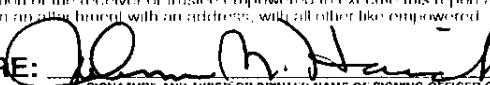
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent HAICK, JAMES JR. 6314 WHISKEY CREEK DR UNIT C FORT MYERS, FL 33919	
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7. Name and Address of New Registered Agent Name HAICK, JOANN M. Street Address (P.O. Box Number is Not Acceptable) 6314 WHISKEY CREEK DR, UNIT C City Ft. MYERS FL Zip Code 33919	
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 obligation of registered agent.	
SIGNATURE 	JOANN M. HAICK
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																																																																																														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 other document with an address, with all other like empowered.	
SIGNATURE: 	JOANN M. HAICK PRES. (239)-482-6545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	