## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an att

SIGNATURE:

## **FILED** Apr 26, 2006 08:00 AN Secretary of State DOCUMENT # P96000093585 1. Entity Name DAVID C. HICKS ENTERPRISES, INC. Mailing Address Principal Place of Business 610 S BLVD, #100 610 S BLVD, #100 TAMPA, FL 33606 US TAMPA, FL 33606 CR2E034 (11/05) 02272006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3414170 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LOPEZ, ALR JR, ESQ 4600 W CYPRESS STREET SUITE 500 IN THIS SPACE TAMPA, FL 33607 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS D WW.E NAME HICKS, DAVID C STREET ADDRESS 2700 AZEELE STREET TAMPA, FL 33609 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information is and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this report as repoired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the intermation supplied indicated on this report or supplemental re-of the corporation or title receiver or truster

4/24/06

Daytime Phone #