

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000102181

1. Entity Name  
HICKORY POINTE, INC.



Principal Place of Business  
800 N. HIGHLAND AVE., STE. 200  
ORLANDO, FL 32803

Mailing Address  
P.O. BOX 4961  
ORLANDO, FL 32802-4961

FILED

04 APR -5 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182004

Chg-P

CR2E034 (10/03)

MRS

4. FEI Number

59-3491332

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 N. ORANGE AVENUE  
SUITE 1100  
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	TUTTLE, MILLS L	
STREET ADDRESS	800 N. HIGHLAND AVE., STE. 200	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	CARLTON, CHARLES S	
STREET ADDRESS	800 N. HIGHLAND AVE., STE. 200	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	LAWLER, THOMAS P	
STREET ADDRESS	800 N. HIGHLAND AVE., STE. 200	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLNER, DAVID M	
STREET ADDRESS	800 N. HIGHLAND AVE., STE. 200	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	PEISNER, ERIC	
STREET ADDRESS	800 N. HIGHLAND AVE., STE. 200	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	P	<input type="checkbox"/> Delete
NAME	KROPP, STEVEN G	
STREET ADDRESS	800 N. HIGHLAND AVE., STE. 200	
CITY-ST-ZIP	ORLANDO, FL 32803	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700033098807
CITY-ST-ZIP	04/19/04--01078--001 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/04

407-297-1600