


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000006050 1. Entity Name HICKORY GLEN TOWNHOMES, INC.	
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Principal Place of Business 5505 N ATLANTIC AVE #115 COCOA BEACH, FL 32931	Mailing Address 5505 N ATLANTIC AVE #115 COCOA BEACH, FL 32931
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04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3495043	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCPHILLIPS, JACQUELINE 5505 N ATLANTIC AVE #115 COCOA BEACH, FL 32931	DO NOT WRITE IN THIS SPACE
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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCPHILLIPS, MICHAEL F 5505 N ATLANTIC AVE #115 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MCPHILLIPS, JACQUELINE 5505 N ATLANTIC AVE #115 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLVARD, ALISON X DELETE 5505 N ATLANTIC AVE #115 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARDING, NEAL 5505 N ATLANTIC AVE #115 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KINCAID, JAMES 5505 N ATLANTIC AVE #115 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/08/06-80113-003 158.75

DO NOT WRITE IN THIS SPACE

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 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: James Kincaid James Kincaid 4/26/06 321-799-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #