

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90111 030 \*\*\*158.75

**DOCUMENT # P98000006050**

1. Entity Name

HICKORY GLEN TOWNHOMES, INC.



Principal Place of Business

5505 N ATLANTIC AVE #115  
COCOA BEACH, FL 32931

Mailing Address

5505 N ATLANTIC AVE #115  
COCOA BEACH, FL 32931

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

#108

Suite, Apt. #, etc.

#108

City & State

City & State

04132007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3495043

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCPHILLIPS, JACQUELINE  
5505 N ATLANTIC AVE #115  
COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent

Name KINCAID, JAMES

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

5505 N ATLANTIC AVE. #108

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

James Kincaid

James Kincaid, VP

4/26/07

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DV ☒ Delete  
NAME MCPHILLIPS, MICHAEL F  
STREET ADDRESS 5505 N ATLANTIC AVE #115  
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE DPST ☒ Delete  
NAME MCPHILLIPS, JACQUELINE  
STREET ADDRESS 5505 N ATLANTIC AVE #115  
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE V ☒ Delete  
NAME COLVARD, ALISON X DELETE  
STREET ADDRESS 5505 N ATLANTIC AVE #115  
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE CD ☐ Delete  
NAME HARDING, NEAL  
STREET ADDRESS 5505 N ATLANTIC AVE #115  
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE VD ☐ Delete  
NAME KINCAID, JAMES  
STREET ADDRESS 5505 N ATLANTIC AVE #115  
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 5505 N ATLANTIC AVE. #108  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME VDST  
STREET ADDRESS 5505 N ATLANTIC AVE. #108  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4/26/07

321-799-4090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #