FILED
Mar 25, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000025151

1. Entity Name
HICKS & HICKS, P.A.

Principal Place of Business	Mailing Address
800 ZEAGLER DR.,STE.330 PALATKA, FL 32177	800 ZEAGLER DR.,STE.330 PALATKA, FL 32177

DO NOT WRITE IN THIS SPACE

03222005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3500060
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HICKS, SHANNON K
800 ZEAGLER DR.,STE.330
PALATKA, FL 32177

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HICKS, CHARLES M
STREET ADDRESS	800 ZEAGLER DR.,STE.330
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	ST
NAME	HICKS, SHANNON K
STREET ADDRESS	800 ZEAGLER DR.,STE.330
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: Shannon K Hicks Shannon K. Hicks 3-22-05 (386)325-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #