

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029655

FILED
Apr 05, 2004
Secretary of State

Entity Name: HICKERT CONSULTING, INC.

Current Principal Place of Business:

801 WEST BAY, SUITE 510
LARGO, FL 33770

New Principal Place of Business:

2840 WEST BAY DR, #286
BELLEAIR BLUFFS, FL 33770

Current Mailing Address:

801 WEST BAY, SUITE 510
LARGO, FL 33770

New Mailing Address:

2840 WEST BAY DR, #286
BELLEAIR BLUFFS, FL 33770

FEI Number: 59-3568391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKERY, PAUL R
801 WEST BAY, SUITE 510
LARGO, FL 33770

Name and Address of New Registered Agent:

HICKERT, PAUL R
2840 WEST BAY DR, #286
BELLEAIR BLUFFS, FL 33770

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.

SIGNATURE: PAUL HICKERT

04/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: HICKERT, PAUL R
Address: 801 WEST BAY DRIVE, #510
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: HICKERT, PAUL R
Address: 2840 WEST BAY DRIVE, #286
City-St-Zip: BELLEAIR BLUFFS, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL HICKERT

PST

04/05/2004

Electronic Signature of Signing Officer or Director

Date