


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90302 003 \*\*\*150.00

DOCUMENT # P99000071234 1. Entity Name HICKORY TREE MANAGEMENT, INC.	
--	---

Principal Place of Business 750 N ATLANTIC AVE #805 COCOA BEACH, FL 32931	Mailing Address 200 S ORANGE AVE STE 2300 ORLANDO, FL 32801
--	--

50042398



03092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3594618	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent <del>A.G.S. CO.</del> 200 S ORANGE AVE SUITE 2300 ORLANDO, FL 32804 <i>Judith A. Carlisi</i> <i>1446 Century Oak Dr</i> <i>Ocoee, FL 34761</i>	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 *Judith A. Carlisi* *Judith A. Carlisi* 4-17-05  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D KIENTLE, RICHARD 750 N ATLANTIC AVE COCOA BEACH, FL 32931 <i>1446 Century Oak Dr.</i> <i>Ocoee, FL 34761</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIENTLE, JUDY 750 N ATLANTIC AVE COCOA BEACH, FL 32931 <i>Judith A. Carlisi</i> <i>1446 Century Oak Dr.</i> <i>Ocoee, FL 34761</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, or other like empowered.

SIGNATURE: *Judith A. Carlisi* UP 4-17-05 407-578-5547  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Judith A. Carlisi* UP