

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DO NOT WRITE IN THIS SPACE**

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

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

**50042398**



03092005 No Chg-P CR2E034 (10/03)

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

~~A.G.S.CO.~~  
200 S ORANGE AVE  
SUITE 2300  
ORLANDO, FL 32804

*Judith A. Carlisi  
1446 Century Oak Dr.  
Ocoee, FL 34761*

**DO NOT WRITE  
IN THIS SPACE**

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	D	KIENLE, RICHARD 750 N ATLANTIC AVE COCOA BEACH, FL 32931	<i>1446 Century Oak Dr. Ocoee, FL 34761</i>
TITLE	D	KIENLE, JUDY 750 N ATLANTIC AVE COCOA BEACH, FL 32931	<i>Judith A. Carlisi 1446 Century Oak Dr. Ocoee, FL 34761</i>
TITLE			

**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 such as other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Judith A. Carlisi VP 4-17-05 407-578-5547*