

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90071 040 ***158.75

DOCUMENT # P99000109314

1. Entity Name
HICKLING FEEDS, INC.



Principal Place of Business
**549 N SAMSLA DR
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**1255 MASON AVE 549 N. Samsula Dr.
DAYTONA BEACH, FL 32117
New Smyrna Beach, FL 32168**

40009655



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3614591

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHURCHMAN, RICHARD K
1255 MANSON AVE
DAYTONA BEACH, FL 32117**

7. Name and Address of New Registered Agent

Name

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

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

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 **\$5.00 May Be**
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE **PD** ☐ Delete
NAME **HICKLING, ANTHONY M**
STREET ADDRESS **1255 MASON AVE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32117**

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

TITLE **VD** ☒ Delete
NAME **HICKLING, MARLEA C**
STREET ADDRESS **1255 MASON AVE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32117**

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

TITLE **TD** ☐ Delete
NAME **HICKLING, DARRYL**
STREET ADDRESS **1255 MASON AVE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32117**

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

TITLE **SD** ☐ Delete
NAME **HUIE, TRICIA**
STREET ADDRESS **1255 MASON AVE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32117**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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 exemption stated in Section 19.07(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: Tricia Huie Tricia Huie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/05

Date

386-427-7370

Daytime Phone #