


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000109314

1. Entity Name:
HICKLING FEEDS, INC.



Principal Place of Business: **549 N SAMSULA DR NEW SMYRNA BEACH FL 32168**

Mailing Address: **549 N SAMSULA DR NEW SMYRNA BEACH FL 32168**



2. Principal Place of Business (No P.O. Box #):
 Suite, Apt #, etc.:
 City & State:
 Zip: Country:

3. Mailing Address:
 Suite, Apt #, etc.:
 City & State:
 Zip: Country:

1st MOORE CR2E034 (10/07)

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 _____ DATE _____

Signature typed or printed name of registered office and state of employee. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
PD	HICKLING, ANTHONY M	1255 MASON AVE	DAYTONA BEACH FL 32117	<input type="checkbox"/>
TD	HICKLING, DARRYL	1255 MASON AVE	DAYTONA BEACH FL 32117	<input type="checkbox"/>
SD	HUIE, TRICIA	1255 MASON AVE	DAYTONA BEACH FL 32117	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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-Secretary** 2-18-08 386427-7370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo, year