## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000109314

Entity Name: HICKLING FEEDS, INC.

FILED Feb 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

549 N SAMSULA DR

NEW SMYRNA BEACH, FL 32168

Current Mailing Address: New Mailing Address:

549 N SAMSULA DR

NEW SMYRNA BEACH, FL 32168

FEI Number: 59-3614591 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHURCHMAN, RICHARD K
MARTIN & ASSOCIATES, PL
1255 MANSON AVE
MARTIN & ASSOCIATES, PL
1440 N. NOVA ROAD

DAYTONA BEACH, FL 32117 US SUITE 201

DAYTONA BEACH, FL 32117 US

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: RICHARD K. CHURCHMAN 02/20/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: HICKLING, ANTHONY M
Address: 1255 MASON AVE

Name: HICKLING, ANTHONY M
Address: 549 N. SAMSULA DR.

City-St-Zip: DAYTONA BEACH, FL 32117 City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: HICKLING, DARRYL Name: HICKLING, DARRYL

Address: 1255 MASON AVE Address: 549 N. SAMSULA DR.

City-St-Zip: DAYTONA BEACH, FL 32117 City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition Name: HUIE, TRICIA Name: HUIE, TRICIA

Address: 1255 MASON AVE Address: 549 N. SAMSULA DR.

City-St-Zip: DAYTONA BEACH, FL 32117 City-St-Zip: NEW SMYRNA BEACH,, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TRICIA HUIE SD 02/20/2009