

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V18709

FILED
Mar 23, 2009
Secretary of State

Entity Name: HOWARD AND DONA HICE, INC.

Current Principal Place of Business:

1856 HICKORY TRACE DRIVE
ORANGE PARK, FL 32003 US

New Principal Place of Business:

Current Mailing Address:

1856 HICKORY TRACE DRIVE
ORANGE PARK, FL 32003 US

New Mailing Address:

FEI Number: 59-3109199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, C. HOLT, III
BLACKSTONE BUILDING
233 E BAY STREET STE 950
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HICE, HOWARD R., SR.,
Address: 1856 HICKORY TRACE
City-St-Zip: ORANGE PARK, FL 32003

Title: STD () Delete
Name: HICE, DONA MARIE,
Address: 1856 HICKORY TRACE
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONA MARIE HICE

VP

03/23/2009

Electronic Signature of Signing Officer or Director

Date