2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2005 08:00 AM Secretary of State DOCUMENT # P02000115906 1. Entity Name WICKER'S SOUTHERN TANK SERVICE, INC. Principal Place of Business Mailing Address **6889 SE 135TH STREET** 6889 SE 135TH STREET SUMMERFIELD FL 34491 SUMMERFIELD FL 34491 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FE! Number City & State City & State Applied For 42-1558186 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WICKER, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 6889 SE 135TH STREET SUMMERFIELD FL 34491 Zip Code 9. 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE Delete TITLE Change ☐ Addition WICKER, MICHAEL J NAME NAME U00000315199 **6889 SE 135TH STREET** STREET ADDRESS STREET ADDRESS 04/19/05-80025-003 150.00 CITY - ST - ZIP SUMMERFIELD FL 34491 CHTY-ST ZIP ☐ Change Addition TITLE Delete DEF NAME DEREK, WICKER N NAME STREET ADDRESS **6889 SE 135TH STREET** STREET ADDRESS SUMMERFIELD FL 34491 CITY-ST-78P CITY-ST-71P Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP City-SI-ZiP TITLE TITLE Change Addition ☐ Delete NAMI STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71B CITY-ST-78P

FILED

SIGNATURE: Muhay Muster and other like empowered

SIGNATURE: Muhay Muster Michael J Wicker 4-11-05 - 245 - 253 - 2

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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