

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 158524

FILED
Jan 08, 2009
Secretary of State

Entity Name: WICKIE COMPANY THE

Current Principal Place of Business:

220 WEST BROADWAY
P. O. BOX 250
FT MEADE, FL 33841

New Principal Place of Business:

220 WEST BROADWAY
FT MEADE, FL 33841

Current Mailing Address:

220 WEST BROADWAY
P. O. BOX 250
FT MEADE, FL 33841

New Mailing Address:

P. O. BOX 250
FT MEADE, FL 33841

FEI Number: 59-0605708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKERSHEIM, GERALD L VP
417 NE 4TH STREET
FT MEADE, FL 33841 US

Name and Address of New Registered Agent:

WICKERSHEIM, GERALD L VP
517 NE 4TH STREET
FT MEADE, FL 33841 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:

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WICKERSHEIM, CHARLES,
Address: 4600 REYNOSA DR
City-St-Zip: WINTER HAVEN, FL 33880

Title: DP () Delete
Name: WICKERSHEIM, E D DECE, ASER
Address: 317 N.E. 1ST.
City-St-Zip: FT MEADE, FL

Title: VP () Delete
Name: WICKERSHEIM, GERALD,
Address: 417 NE 4TH ST
City-St-Zip: FORT MEADE, FL 33841

Title: ST () Delete
Name: ALLEN, CAROL W.,
Address: 420 N.E. 5TH ST.
City-St-Zip: FT. MEADE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: WICKERSHEIM, GERALD,
Address: 517 NE 4TH ST
City-St-Zip: FORT MEADE, FL 33841

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: CAROL W. ALLEN

ST

01/08/2009

Electronic Signature of Signing Officer or Director

Date