


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F93000002341</b> 1. Entity Name <b>WICKS 'N' STICKS, INC.</b>	
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Principal Place of Business <b>333 N SAM HOUSTON PKWY SUITE 610 HOUSTON, TX 77060-2484 US</b>	Mailing Address <b>P.O. BOX 1965 CYPRESS, TX 77410-1965 US</b>
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**DO NOT WRITE IN THIS SPACE**



05062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>76-0388111</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**REGISTERED AGENTS LEGAL SERVICE, INC.  
1333 NORTH DUVAL STREET  
TALLAHASSEE, FL 32302**

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP SIVITZ, WILLIAM D 1200 CORPORATE CENTER WAY #202 WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTHURS, D. ROSS 191 MARSHALL CORNER, WOODSVILLE ROAD PENNINGTON, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BURNS, KARLA J P.O. BOX 1965 CYPRESS, TX 774101965
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIRESTONE, MATTHEW 3175 SANTA BARBARA DRIVE WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/20/04-80004-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Karla J Burns* **5/15/04** **281-516-9563**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #