

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000002341**

1. Entity Name  
**WICKS 'N' STICKS, INC.**



Principal Place of Business  
**333 N SAM HOUSTON PKWY  
SUITE 610  
HOUSTON, TX 77060-2484 US**

Mailing Address  
**P.O. BOX 1965  
CYPRESS, TX 77410-1965 US**



04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**76-0388111**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/05

Date

Daytime Phone #