


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000000766</b> 1. Entity Name <b>BRICKS IN THE STICKS LTD., INC.</b>	
--------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>900 FAIRWAY LANE SODDY DAISY, TN 37379 US</b>	Mailing Address <b>ATTN: ONESTY &amp; WRIGHT 210 LITTLE FALLS ST #201 FALLS CHURCH, VA 22046 US</b>
-------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------



02022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>54-1745186</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  <b>RAY, RICHARD B 6108 26TH STREET WEST, STE 2 BRADENTON, FL 34207</b>
---------------------------------------------------------------------------------------------------------------------------------------

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P LUKEN III, HENRY G 900 FAIRWAY LANE SODDY DAISY, TN 37379</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST WRIGHT, SAMUEL T 210 LITTLE FALLS ST, #201 FALLS CHURCH, VA 22046</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V ONESTY, KENNETH B 210 LITTLE FALLS ST, #201 FALLS CHURCH, VA 22046</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000218477 02/08/05-80030-001 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
-------------------------------------------------------------------------------------------------

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.
<b>SIGNATURE: Samuel T. Wright Samuel T. Wright ST 2-2-05 703 538-5344</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>