2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000000293

1. Entity Name
WIC ENTERPRISES INC.

Principal Place of Business	Mailing Address
254 FOX RUN EXTON, PA 19341	254 FOX RUN EXTON, PA 19341

DO NOT WRITE IN THIS SPACE

01072004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
23-2713700		Not Applicable

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

6. Name and Address of Current Registered Agent

BEHMKE, JOHN
201 FRONT ST., STE. 101
KEY WEST, FL 33040

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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

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PT
NAME	NEUHAUSEL, PATRICIA A
STREET ADDRESS	256 FOX RUN
CITY-ST-ZIP	EXTON, PA 19341
TITLE	VS
NAME	MANSMANN, PATRICIA A
STREET ADDRESS	254 FOX RUN
CITY-ST-ZIP	EXTON, PA 19341
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/04-80083-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Patricia A Mansmann_   1-7-04   6105241523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #