

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # J36125

1. Entity Name
WICKER SHOWROOM AND WAREHOUSE, INC.



Principal Place of Business

5307 SHIRLEY ST
NAPLES, FL 34109 US

Mailing Address

5307 SHIRLEY ST
NAPLES, FL 34109



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2737777

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CALYORE, STEVE
870-D MEADOWLAND DR
NAPLES, FL 34108

**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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Steve Calyore Steve Calyore pres 1/8/07 NO CHANGE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE VP
NAME CALYORE, JOHN R.
STREET ADDRESS 1056 FOREST LAKES DRIVE C112
CITY-ST-ZIP NAPLES, FL 34105

TITLE ST
NAME CALYORE, FLORENCE
STREET ADDRESS 1056 FOREST LAKES DR C112
CITY-ST-ZIP NAPLES, FL 34105

TITLE P
NAME CALYORE, STEVEN M.
STREET ADDRESS 870D MEADOWLAND DR.
CITY-ST-ZIP NAPLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000581079
01/10/07-80074-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Steve Calyore Steve Calyore 1/8/07 239-597-7447