

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90018 013 ***150.00

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5307-F Shirley St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples FL

Zip

Country

Zip

Country

34109

Collier

1st MOORE

CR2E034 (10/07)

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

7. Name and Address of New Registered Agent

CALYORE, STEVE
870-D MEADOWLAND DR
NAPLES FL 34108

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 rechartering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CALYORE, JOHN R.	
STREET ADDRESS	1056 FOREST LAKES DRIVE C112	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CALYORE, FLORENCE	
STREET ADDRESS	1056 FOREST LAKES DR C112	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	P	<input type="checkbox"/> Delete
NAME	CALYORE, STEVEN M.	
STREET ADDRESS	870D MEADOWLAND DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA M Calyore	
STREET ADDRESS	870-D Meadowland Dr	
CITY-ST-ZIP	Naples, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Steve Calyore

Steve Calyore

2/28/08

239-597-7447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #