

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K52164

1. Entity Name
VICKEN, INC.



Principal Place of Business

**29488 GERALDINE ST
BIG PINE KEY, FL 33043 US**

Mailing Address

**29488 GERALDINE ST
BIG PINE KEY, FL 33043 US**

DO NOT WRITE IN THIS SPACE

**FILED
Mar 31, 2004 08:00 AM
Secretary of State**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0104256	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KENNETH W WALLACH
29488 GERALDINE ST
BIG PINE KEY, FL 33043**

**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 reinstalling)

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**

**U00000099849
03/31/04-80021-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLACH, KENNETH W. 29488 GERALDINE ST BIG PINE KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACH, VICKI A. 29488 GERALDINE ST BIG PINE KEY, FL
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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)(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: KENNETH W. WALLACH *Kenneth W. Wallach* **3-29-04** **305-872 4009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #