

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90085 001 \*\*\*150.00

**DOCUMENT # K55253**

1. Entity Name  
WICKER, SMITH, O'HARA, MCCOY & FORD, P.A.



Principal Place of Business Mailing Address  
C/ O NICHOLAS E. CHRISTIN C/ O NICHOLAS E. CHRISTIN  
2900 MID ST., 5TH FL.-GROVE PLAZA BLDG. 2900 MID ST., 5TH FL.-GROVE PLAZA BLDG.  
MIAMI, FL 33133-3715 MIAMI, FL 33133-3715

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072008 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0089075

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

CHRISTIN, NICHOLAS E  
5TH FLOOR, GROVE PLAZA BUILDING  
2900 MIDDLE STREET  
MIAMI, FL 33133

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 reappointing)

DATE:

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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 D ☐ Delete  
NAME O'HARA, DENNIS M.  
STREET ADDRESS 2900 MIDDLE ST, 5TH FL  
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MCCOY, JACKSON F.  
STREET ADDRESS 2900 MIDDLE ST, 5TH FL  
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME GRAHAM, THOMAS A. III  
STREET ADDRESS 2900 MIDDLE ST, 5TH FL  
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FORD, RICHARDS H  
STREET ADDRESS 2900 MIDDLE ST 5TH FL  
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CHRISTIN, NICHOLAS E  
STREET ADDRESS 2900 MIDDLE STREET, 5TH FLOOR  
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 #