2005 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)								المحت	U	
DOCUMENT # P00000015513 1. Entity Name							FILED MAR 16 PI	() - 1.3		
WICKHAM & 95 CORP.						05	MAR 16 P	112:41 CTATE.		
Principal Place	e of Business	Mailing Address	Mailing Address				opetailite	FIORIDA		
7331 OFFICI STE 200 VIERA FL 32	E PARK PLACE 1940	7331 OFFICE PARK PLACE STE 200 VIERA FL 32940				St. TA	MAR 16 CRETANY OI LLANASSEE LLANASSEE	, t	IIIBI BITBI FIBBB III	
2. Frincipal Pl	ace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				1st	MOORE	CR2E034	(10/04)	110
City & State		City & State				4. FEI Numbe	65-098422	28		plied For t Applicable
Zip 🝜	Country	Zip Count		ntry	5. C		of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		Name		7. Name and	Address of New	Registered A	gent	
EULER, ERNIE				Name Street Address (P.O. Box Number is Not Acceptable)						
SUIT	1 OFFICE PARK PLACE TE 200 RA FL 32940					-				
	₹A FL 32940		City					FL	Zip Code	e
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										
THE MONUMEET IS ENDING										
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							9. Election Carr Trust Fund C			00 May Be ad to Fees
10.	OFFICERS AND	C 35 3237	11.			ADDITIONS	/CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11
TITLE	PD	Delete	THTL	.E					☐ Change	Addition
NAME	EULER, ERNIE 7331 OFFICE PARK PLACE STE 200 STE									
STREET ADDRESS CITY-ST-ZIP	1 ·			EET ADDRESS Y-ST-ZIP						
TITLE	VPD	☐ Delete	TITL	.E		•			Change	Addition
NAME	RENFRO, ROBERT M		NAN						_ `	_
STREET ADDRÉSS				EET ADDRESS					•	
CITY-ST-ZIP	VIERA FL 32940			Y-ST-ZIP			··	<u> </u>		
TITLE NAME		☐ Delete	THTL NAM	- 1					Change	Addition
STREET AODRESS				REET ADDRESS		_		_		•
CITY-ST-ZIP			CITY	Y-ST-ZIP	_					
THTLE		☐ Delete	THTL						Change	☐ Addition
NAME STREET ADDRESS			NAM STB	ME REET ADDRESS		,,50	0 004 90 /0501049	1018	35	.0
CITY-ST-ZIP				Y-ST-ZIP		03724	/05==01043	IU13	**25U.U	IJ
TITLE		☐ Delete	TITL	LE					☐ Change	☐ Addition
NAME CYDEET ADDRESS			NAN							
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS Y-ST-ZIP						
TITLE		☐ Delete	TITI		•		• • •	·· -·	☐ Change	Addition
NAME			NAI						_ •	_
STREET ADDRESS				REET ADDRESS						
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S						action 119.07/2	Vi) Florida Statute	s I further cer	tify that the i	nformation
I iz. inereby	cermy marine information supplied will	rans mush goes nor draink to	1 11 10 EX	empaon stated	- 111 OF	201011 18.07 (3)	_{roy, T} rojiwa Statute	o. i toruier cer	m's mer me l	orrjanoti

Thereby certify triat the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the 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: Frair Euler 3/11/05 321-254-2408

SIGNATURE AND TYPE OR PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR

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