


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90087 019 ***150.00

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| DOCUMENT # P01000107047 1. Entity Name WICKS ARE US, INC. | | | |  | |
| Principal Place of Business 537-N CITRUS AVE CRYSTAL RIVE, FL 34428 | | | Mailing Address P.O.BOX 1463 CRYSTAL RIVER, FL 34423 | | |
| 2. Principal Place of Business 1613 SE HWY 19 Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State CRYSTAL RIVER, FL | | City & State | | 4. FEI Number 65-1151156 | |
| Zip 34429 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DOHERTY, BERNADETTE 7655 W NEWCASTLE CT DUNNELLON, FL 34433 | | | | 7. Name and Address of New Registered Agent Name BERNADETTE DOHERTY Street Address (P.O. Box Number is Not Acceptable) 8736 E. ROSEMONT COURT City INVERNESS FL Zip Code 34450 | |
| 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 <u><i>Bernadette Doherty</i></u> 01/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOHERTY, BERNADETTE 537-N CITRUS AVE CRYSTAL RIVE, FL 34428 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D BERNADETTE DOHERTY 1630 HWY 41 NORTH INVERNESS, FL 34450 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BECKWITH, PATRICIA 1630 HWY 41 N INVERNESS, FL 34450 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DOHERTY, BERNADETTE 1630 HWY 41 N. INVERNESS, FL 34450 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u><i>Bernadette Doherty</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 01/20/04 352-860-2876 <small>Date Daytime Phone #</small> | | |

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