

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90032 040 ***150.00

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01172005 Chg-P CR2E034 (10/03)

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|---|---|--|---|---|--|
| DOCUMENT # P01000107047 1. Entity Name WICKS ARE US, INC. | | | | | |
| Principal Place of Business 1613 SE HWY 19 CRYSTAL RIVER, FL 34429 | | | Mailing Address P.O. BOX 1463 CRYSTAL RIVER, FL 34423 | | |
| 2. Principal Place of Business 1630 N US HWY 41 Suite, Apt. #, etc. | | 3. Mailing Address 1630 N US HWY 41 Suite, Apt. #, etc. | | | |
| City & State INVERNESS, FL | | City & State INVERNESS, FL | | 4. FEI Number 65-1151156 | |
| Zip 34450 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DOHERTY, BERNADETTE 8736 E. ROSEMONT CT INVERNESS, FL 34450 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | PD DOHERTY, BERNADETTE 1630 HWY 41 NORTH INVERNESS, FL 34450 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BECKWITH, PATRICIA 1630 HWY 41 N INVERNESS, FL 34450 | | 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 | |
| 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: <i>Bernadette Doherty, Pres.</i> _____ BERNADETTE DOHERTY, PRES. | | | ✓ 01/19/05 352-860-2876 _____ Date Daytime Phone # | | |