

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

04-09-2008 90029 013 ***150.00

DOCUMENT # P03000101478					
1. Entity Name KIKER WIRES, INC.					
Principal Place of Business 3601 E RAMSEY WAY AVON PARK, FL 33825			Mailing Address 3601 E RAMSEY WAY AVON PARK, FL 33825		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1033468	
Zip		Country		City & State	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIKER, HARVEY 3601 E RAMSEY WAY AVON PARK, FL 33825			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: <u>Harvey Kiker</u> DATE: <u>5-2-2008</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT NAME KIKER, HARVEY STREET ADDRESS 3601 E RAMSEY WAY CITY-ST-ZIP AVON PARK, FL 33825	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE VS NAME KIKER, PATRICIA STREET ADDRESS 3601 E RAMSEY WAY CITY-ST-ZIP AVON PARK, FL 33825	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
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: <u>Harvey Kiker</u> DATE: <u>5-2-2008</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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