

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90072 027 ***150.00

DOCUMENT # P0300Q108157

1. Entity Name

WICKED POPCORN COMPANY, INC.



Principal Place of Business

30141 BARNABY LANE
WESLEY CHAPEL FL 33543

Mailing Address

30141 BARNABY LANE
WESLEY CHAPEL FL 33543



2. Principal Place of Business

333 Falkenburg Rd.

Suite, Apt. #, etc.

A-122

3. Mailing Address

333 Falkenburg Rd.

Suite, Apt. #, etc.

A-122

1st MOORE

CR2E034 (10/04)

City & State

Tampa, FL 33619

City & State

Tampa, FL

4. FEI Number

20-0272402

Applied For

Not Applicable

Zip

33619

Country

USA

Zip

33619

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRESLIN FINANCIAL SERVICES, INC.
7985 113TH STREET
SUITE 220
SEMINOLE FL 33772

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME MILLER, JAMES R
STREET ADDRESS 30141 BARNABY LANE
CITY-ST-ZIP WESLEY CHAPEL FL 33543 ☐ Delete

TITLE VP
NAME MILLER, LARA B
STREET ADDRESS 30141 BARNABY LANE
CITY-ST-ZIP WESLEY CHAPEL FL 33543 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lara Miller VP

4/21/05

Date

Daytime Phone #