

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119959

Entity Name: WICK CITY FASHIONS, INC.

FILED
Jan 23, 2007
Secretary of State

Current Principal Place of Business:

1918 SPECK DRIVE
HOLIDAY, FL 34690

New Principal Place of Business:

4633 PANORAMA AVE
HOLIDAY, FL 34691

Current Mailing Address:

1918 SPECK DR.
HOLIDAY, FL 34691

New Mailing Address:

4633 PANORAMA AVE
HOLIDAY, FL 34690

FEI Number: 22-3921195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROE, LORI
1918 SPECK DR.
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SISK, JAMES E III
Address: 1918 SPECK DR.
City-St-Zip: HOLIDAY, FL 34691

Title: VP () Delete
Name: ROE, LORI
Address: 1918 SPECK DR.
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SISK, JAMES E III
Address: 2284 PORTIFINO PLACE
City-St-Zip: PALM HARBOR, FL 34684

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI ROE

VP

01/23/2007

Electronic Signature of Signing Officer or Director

Date