


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90046 024 ***150.00

DOCUMENT # P06000140448 1. Entity Name WICKMAN HISTORICAL SERVICES, INC.			
Principal Place of Business 200 ASHBURY RD., APT. 302 HOLLYWOOD, FL 33024		Mailing Address 200 ASHBURY RD., APT. 302 HOLLYWOOD, FL 33024	
2. Principal Place of Business - No P.O. Box # 200 Ashbury Rd. Apt 302		3. Mailing Address 200 Ashbury Rd. Apt. 302	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Hollywood FL		City & State Hollywood, FL	
Zip 33024		Zip 33024	
Country USA		Country USA	
4. FEI Number 45-0544538		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WICKMAN, PATRICIA R 200 ASHBURY RD., APT. 302 HOLLYWOOD, FL 33024		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ <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 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WICKMAN, PATRICIA R 200 ASHBURY RD., APT. 302 HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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07092007 Chg-P CR2E034 (12/06)

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: *Patricia R. Wickman* Patricia R. Wickman 7.13.07 954.981.8330
 Print Name: _____ Date: _____ Docket # _____