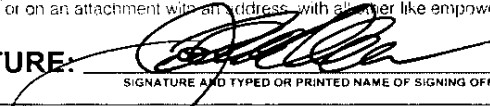


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90033 034 ***150.00

DOCUMENT # P07000063977					
1. Entity Name JOHN M. WICKER, PA					
Principal Place of Business 12670 NEW BRITTANY BOULEVARD SUITE 101 FORT MYERS, FL 33907			Mailing Address COSTELLO & ROYSTON, LLP P O DRAWER 60205 FT MYERS, FL 33906		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>do</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. JOHN M. WICKER, P.A. P.O. DRAWER, 60205			
City & State		City & State FORT MYERS, FL 33906			
Zip	Country	Zip	Country	4. FEI Number 26-0260524 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WICKER, JOHN M COSTELLO & ROYSTON, LLP 12670 NEW BRITTANY BLVD, SUITE 101 FT MYERS, FL 33907			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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	WICKER, JOHN M		NAME		
STREET ADDRESS	12670 NEW BRITTANY BOULEVARD, SUITE 101		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS, FL 33907		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 it 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 attorney like empowered.					
SIGNATURE: 			John M. Wicker <i>2/21/08</i> 239-889-2722		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					