

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000001081

1. Entity Name

WICKER & RATTAN SERVICES, INC.



Principal Place of Business

5307 SHIRLEY ST
NAPLES FL 34109
US

Mailing Address

5307 SHIRLEY ST
NAPLES FL 34109
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number 65-0368929

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

CALYORE, STEVEN
5307 SHIRLEY ST
NAPLES FL 34109

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVS ☐ Delete
NAME CALYORE, STEVEN
STREET ADDRESS 870D MEADOWLAND DR
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Change ☐ Add
NAME 1100000410411
STREET ADDRESS 02/09/06-80035-013 150.00
CITY-ST-ZIP

TITLE T ☐ Delete
NAME CALYORE, STEVEN
STREET ADDRESS 870D MEADOWLAND DR
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Steve Calyore Steve Calyore

1/26/06 239-597-7447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #