


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90006 046 ***550.00

DOCUMENT # P94000081087			
1. Entity Name ASSOCIATED WICKER STORES, INC.			
Principal Place of Business 691 YONGE ST ORMOND BCH FL 32174 US		Mailing Address 691 YONGE ST ORMOND BCH FL 32174 US	
2. Principal Place of Business		3. Mailing Address: Mary's Wicker Outlet T/A Don Wasserman	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Int'l. 4530 Tacony St.,	
City & State		City & State Philadelphia, PA	
Zip	Country	Zip	Country
		19124	USA



2nd MOORE CR2E034 (4/06)

4. FEI Number 59-3281288		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		7. Name and Address of New Registered Agent	
WASSERMAN, DON MARYS WICKER OUTLET 691 S YONGE ST ORMOND BCH FL 32174		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 \$550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSERMAN, DON	NAME	
STREET ADDRESS	4530 TACONY ST	STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA 19124	CITY - ST - ZIP	
TITLE	STD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSERMAN, LORRAINE	NAME	
STREET ADDRESS	4530 TACONY ST	STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA 19124	CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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

Date

Daytime Phone #

7/24/06 215 289 2447