

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000081087

FILED
Jan 26, 2009
Secretary of State

Entity Name: ASSOCIATED WICKER STORES, INC.

Current Principal Place of Business:

691 YONGE ST
ORMOND BCH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

MARY'S WICKER OUTLET T/A DON WASSERMAN
4530 TACONY ST
PHILADELPHIA, PA 19124 US

New Mailing Address:

FEI Number: 59-3281288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASSERMAN, DON
MARYS WICKER OUTLET
691 S YONGE ST
ORMOND BCH, FL 32174 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: PD () Delete
Name: WASSERMAN, DON
Address: 4530 TACONY ST
City-St-Zip: PHILADELPHIA, PA 19124

Title: STD () Delete
Name: WASSERMAN, LORRAINE
Address: 4530 TACONY ST
City-St-Zip: PHILADELPHIA, PA 19124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DON WASSERMAN

PD

01/26/2009

Electronic Signature of Signing Officer or Director

Date