

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000031409

1. Entity Name
WALTER'S WICKER OF FLORIDA, INC.



Principal Place of Business
1855 GRIFFIN ROAD
DANIA, FL 33004

Mailing Address
65 BANCKER STREET
ENGLEWOOD, NJ 07631 US



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3858880

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHINDLER, WALTER
1855 GRIFFIN ROAD
DANIA, FL 33004

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000660923
03/20/07-80020-003 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME SHINDLER, KENNETH
STREET ADDRESS % WALTERS, 979-3RD AVENUE
CITY-ST-ZIP NEW YORK, NY 10022

TITLE T
NAME SHINDLER, WALTER
STREET ADDRESS % WALTERS, 979-3RD AVENUE
CITY-ST-ZIP NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #