


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90019 050 \*\*\*158.75

<b>DOCUMENT # P96000009932</b>					
1. Entity Name <b>WICKETT CORP.</b>					
Principal Place of Business <b>1598 NE 180TH STREET N. MIAMI BEACH FL 33162-1412</b>			Mailing Address <b>10031 NW 35 ST HOLLYWOOD FL 33024</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0660688</b>	
6. Name and Address of Current Registered Agent  <b>GRAND, MARK S ESQ. 3440 HOLLYWOOD BLVD., SUITE #450 HOLLYWOOD FL 33021</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICKETT, ALICE		NAME		
STREET ADDRESS	1598 NE 180TH STREET		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL 33162-1412		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICKETT, NICHOLAS		NAME	9352 Comeau St.	
STREET ADDRESS	9352 COMEAN ST		STREET ADDRESS		
CITY-ST-ZIP	GOTHA FL 34734		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICKETT, BONNIE		NAME		
STREET ADDRESS	14809 N. 69TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LOXHATHEE FL 33474		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, LORIE		NAME		
STREET ADDRESS	1533 STRUGIS RD		STREET ADDRESS		
CITY-ST-ZIP	ROCKHILL SC 29730		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICKETT, JAMES JR.		NAME		
STREET ADDRESS	10031 NW 35 ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, CINDY		NAME		
STREET ADDRESS	59 VICTORY LANE		STREET ADDRESS		
CITY-ST-ZIP	ASHVILLE NC 28806		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

3-22-04 954-433-1588