

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000009932

FILED
May 08, 2009
Secretary of State

Entity Name: WICKETT CORP.

Current Principal Place of Business:

3300 N STATE RD 7
UNIT F 479
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3300 N STATE RD 7
UNIT F 479
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0660688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CULLEN, JOHN T CPA
12401 ORANGE DR
127
DAVIE, FL 33330 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: Delete
Name: WICKETT, NICHOLAS
Address: 9352 COMEAU ST.
City-St-Zip: GOTHA, FL 34734

Title: Delete
Name: WICKETT, BONNIE
Address: 14809 N. 69TH STREET
City-St-Zip: LOXAHATCHEE, FL 33474

Title: Delete
Name: KRAMER, LORIE
Address: 1533 STRUGIS RD
City-St-Zip: ROCKHILL, SC 29730

Title: Delete
Name: WICKETT, JAMES JR.
Address: 3300 N STATE RD 7, UNIT F 479
City-St-Zip: HOLLYWOOD, FL 33021

Title: Delete
Name: COOK, CINDY
Address: 11 VICTORY LANE
City-St-Zip: ASHVILLE, NC 28806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JAMES WICKETT

05/08/2009

Electronic Signature of Signing Officer or Director

_____ Date