2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000070568

1. Entity Name
WICKER TRUCK REPAIR INC.



Principal Place of Business

551 BRISTOL LANE NOKOMIS, FL 34275 Mailing Address

551 BRISTOL LANE NOKOMIS, FL 34275

FILED Mar 12, 2004 8:00 am Secretary of State

03-12-2004 90035 009 ***150.00



				01232004	01232004 No Chg-P CR2E034 (10/03)			
DO NOT WRITE IN THIS SPACE			4. FEI Numb				Applied For Not Applicable	
				168	of Status Desired		75 Additional Required	
	6Name and Address of Current Regist	tered Agent	والمناب المثارة			ris a zerekaz a	7	
WICKER, RANDY 51 BRISTOL LANE					NOT W			
M OMIS, FL 34275						AUL		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or re	gistered agent, or bo	th, in the State of F	lorida. I am famil	liar with, and accept	
AIGNATURE -	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered a	Agent signature	required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 	ing	\$5.00 May Be Added to Fees		·		
10-	OFFICERS AND DIRECT	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WICKER, RANDY 551 BRISTOL LANE NOKOMIS, FL ⁷ 34275			e de la companya del companya de la companya del companya de la co				
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STREET ADDRESS CITY-ST-ZIP				DO	NOT V	VRITE		
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TITLE NAME STREET ADDRESS								
CITY-ST-ZIP TITLE								
NAME STREET ADDRESS CITY-ST-ZIP								
12 Lhereby	certify that the information supplied with this	filing does not qualify for the exer	nption state	d in Section 119.07(3)(i), Florida Statutes	s. I further certify	that the information	

12. I hereby certify that the information supplied with this filling 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 REMAINS OF FIGHER OF DIRECTOR

3-8-04 (941) 484-2527