


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90051 009 ***150.00

DOCUMENT # P98000025871			
1. Entity Name TROPICAL WICKER & RATTAN, INC.			
Principal Place of Business 2900 W SAMPLE ROAD, #102 POMPANO BEACH FL 33073		Mailing Address 2900 W SAMPLE ROAD, #102 POMPANO BEACH FL 33073	
2. Principal Place of Business		3. Mailing Address 2900 W. SAMPLE Rd	
Suite, Apt. #, etc. 180		Suite, Apt. #, etc. #180	
City & State		City & State POMPANO BEACH-FL	
Zip 33073	Country	Zip 33073	Country BROWARD
6. Name and Address of Current Registered Agent WATLINGTON, ALDA D 4073 COCOPLUM CIRCLE COCONUT CREEK FL 33062		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATLINGTON, ALDA D 4073 COCOPLUM CIRCLE COCONUT CREEK FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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MOORE CR2E034 (11/03)

4. FEI Number **65-0833375** Applied For
Not Applicable

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

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: ALDA WATLINGTON **2-28-04** **(954) 325 4638**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #