

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000068113

1. Entity Name
SICKORA & SON, INC.



Principal Place of Business
**7106 DECISION RD.
LAND O' LAKES, FL 34639**

Mailing Address
**PO BOX 1396
LAND O' LAKES, FL 34639**



07162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-3526428

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SICKORA, RICHARD T SR.
7106 DECISION ROAD
LAND O' LAKES, FL 34639**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
SICKORA, RICHARD T SR
9715 TYPHOON PLACE
LAND O' LAKES, FL 34639**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
SICKORA, RICHARD T II
7106 DECISION ROAD
LAND O' LAKES, FL 34639**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
SICKORA, TARA
7106 DECISION RD
LAND O' LAKES, FL 34639**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000167733
07/22/04-80006-022 150.00

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IN THIS SPACE**

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 TYPE OF OFFICER OR DIRECTOR

Tara Sickora
Date **July 14, 2004**

Daytime Phone #