

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90003 037 ***150.00

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03262007 Chg-P CR2E034 (12/06)

DOCUMENT # P99000030802 1. Entity Name WINDY O. WICKMAN, P.A.			
Principal Place of Business P.O. BOX 959 CLEARWATER, FL 33757		Mailing Address P. O. BOX 959 CLEARWATER, FL 33757	
2. Principal Place of Business - No P.O. Box # PO Box 2868 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2868 Suite, Apt. #, etc.	
City & State LAKELAND, FL Zip 33806		City & State LAKELAND, FL Zip 33806	
4. FEI Number 59-3572155		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WICKMAN, WINDY O 422 WOODLAWN AVENUE BELLEAIR, FL 33756		7. Name and Address of New Registered Agent Name Windy O. Wickman Street Address (P.O. Box Number is Not Acceptable) 406 Patten Heights St. City Lakeland FL Zip Code 33803	
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 DATE <u>3/26/07</u> <small>Signature, word or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	CEO WICKMAN, WINDY O 422 WOODLAWN AVENUE BELLEAIR, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Windy O. Wickman 406 Patten Heights Street Lakeland, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		DATE: <u>3/26/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	