


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000033023</b> 1. Entity Name <b>WICKSELL PIANO SERVICE, INC.</b>	
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Principal Place of Business <b>4240 S.W. 9TH ST. PLANTATION FL 33317</b>	Mailing Address <b>4240 S.W. 9TH ST. PLANTATION FL 33317</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0922797</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WICKSELL, MARTHA R 4240 SW 9TH ST PLANTATION FL 33317</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WICKSELL, MARTHA R			NAME			
STREET ADDRESS	4240 SW 9TH ST			STREET ADDRESS			
CITY - ST - ZIP	PLANTATION FL 33317			CITY - ST - ZIP			
CITY - ST - ZIP	PLANTATION FL 33317			CITY - ST - ZIP			
CITY - ST - ZIP	PLANTATION FL 33317			CITY - ST - ZIP			
CITY - ST - ZIP	PLANTATION FL 33317			CITY - ST - ZIP			
CITY - ST - ZIP	PLANTATION FL 33317			CITY - ST - ZIP			
CITY - ST - ZIP	PLANTATION FL 33317			CITY - ST - ZIP			
CITY - ST - ZIP	PLANTATION FL 33317			CITY - ST - ZIP			

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05/03/05-80089-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Martha Wicksell 4/28/05 954-792-5202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #