2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000065829

1. Entity Name
PICKFORD CONSTRUCTION & ASSOCIATES INC.

Principal Place of Business	Mailing Address
5133-4 SOUTEL DR. JACKSONVILLE, FL 32208	5133-4 SOUTEL DR. JACKSONVILLE, FL 32208

U00000145951
05/03/04-80043-023 150.00

DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3657886

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PICKFORD, DONNIE L
9433 SUTEL DRIVE
JACKSONVILLE, FL 32208

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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 _____ DATE
Signature, name or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PICKFORD, DONNIE L
STREET ADDRESS	9420 GIBSON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	VP
NAME	RIVERS, ROBERT
STREET ADDRESS	2724 W 25TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	CEO
NAME	PICKFORD, DONNIE L
STREET ADDRESS	9420 GIBSOON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: D Pickford 4/28/04 (904) 294-5779
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #