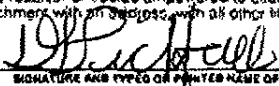


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000065829		
1. Entity Name PICKFORD CONSTRUCTION & ASSOCIATES INC.		
Principal Place of Business 5133-4 SOUTEL DR. JACKSONVILLE, FL 32208		Mailing Address 5133-4 SOUTEL DR. JACKSONVILLE, FL 32208
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PICKFORD, DONNIE L 8433 SUTEL DRIVE JACKSONVILLE, FL 32208		
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 reappointing) DATE _____		
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 NAME STREET ADDRESS CITY - ST - ZIP	P PICKFORD, DONNIE L 9420 GIBSON AVE JACKSONVILLE, FL 32208	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RIVERS, ROBERT 2724 W 26TH ST JACKSONVILLE, FL 32209	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO PICKFORD, DONNIE L 9420 GIBSON AVE JACKSONVILLE, FL 32208	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 		4/29/04 (904) 294-5779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Officer/Phone #



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3657886Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

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IN THIS SPACE**