


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000002980 <small>1. Entity Name</small> PICO SERVICES, INC.	
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<small>Principal Place of Business</small> 702 FARMERS MARKET ROAD FT. PIERCE FL 34982	<small>Mailing Address</small> 702 FARMERS MARKET ROAD FT. PIERCE FL 34982
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<small>2. Principal Place of Business</small> Suite, Apt. #, etc.	<small>3. Mailing Address</small> Suite, Apt. #, etc.
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<small>City & State</small> City & State	<small>City & State</small> City & State		
<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>

1st MOORE CR2E034 (10/05)

<small>4. FEI Number</small> 65-0718243	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<small>5. Certificate of Status Desired</small>	<input type="checkbox"/> \$8.75 Additional Fee Required

<small>6. Name and Address of Current Registered Agent</small> PEARCE, TIMOTHY J 702 FARMERS MARKET RD FT PIERCE FL 34982	<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

<small>9. Election Campaign Financing Trust Fund Contribution.</small>	<input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		Delete
<small>TITLE</small>	P	<input type="checkbox"/>
<small>NAME</small>	PEARCE, TIMOTHY J	
<small>STREET ADDRESS</small>	702 FARMERS MARKET RD	
<small>CITY - ST - ZIP</small>	FT PIERCE FL 34982	
<small>TITLE</small>	S	<input type="checkbox"/>
<small>NAME</small>	PEARCE, MARTHA M	
<small>STREET ADDRESS</small>	2150 47TH TERRACE	
<small>CITY - ST - ZIP</small>	VERO BEACH FL 32966	
<small>TITLE</small>	T	<input type="checkbox"/>
<small>NAME</small>	PECK, WILLIAM T	
<small>STREET ADDRESS</small>	1401 S. LAKE GEORGE	
<small>CITY - ST - ZIP</small>	MISHAWAKA IN 46545	
<small>TITLE</small>		<input type="checkbox"/>
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY - ST - ZIP</small>		
<small>TITLE</small>		<input type="checkbox"/>
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY - ST - ZIP</small>		
<small>TITLE</small>		<input type="checkbox"/>
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY - ST - ZIP</small>		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Add
<small>TITLE</small>		<input type="checkbox"/>	<input type="checkbox"/>
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY - ST - ZIP</small>			
<small>TITLE</small>		<input type="checkbox"/>	<input type="checkbox"/>
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY - ST - ZIP</small>			
<small>TITLE</small>		<input type="checkbox"/>	<input type="checkbox"/>
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY - ST - ZIP</small>			
<small>TITLE</small>		<input type="checkbox"/>	<input type="checkbox"/>
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY - ST - ZIP</small>			

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Timothy J. Pearce 1-25-06 772-468-0211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR