

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90049 011 ***150.00

DOCUMENT # P96000038856

1. Entity Name
PICKETT AND SONS, INC.



Principal Place of Business

**25220 W NEWBERRY RD
NEWBERRY, FL 32669 US**

Mailing Address

**P.O. BOX 971
NEWBERRY, FL 32669 US**

40060000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3376190

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PICKETT, ADRIANNE
25220 W NEWBERRY RD
NEWBERRY, FL 32669**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **PICKETT, CHARLES L SR**
STREET ADDRESS **25220 W NEWBERRY RD**
CITY-ST-ZIP **NEWBERRY, FL 32669**

TITLE **D** ☐ Change ☒ Addition
NAME **John D. Pickett**
STREET ADDRESS **25220 W. Newberry Rd.**
CITY-ST-ZIP **Newberry, FL 32669**

TITLE **D** ☒ Delete
NAME **PICKETT, ANNA S**
STREET ADDRESS **25220 W NEWBERRY RD**
CITY-ST-ZIP **NEWBERRY, FL 32669**

TITLE **D** ☐ Change ☒ Addition
NAME **William F. Pickett**
STREET ADDRESS **25220 W. Newberry Rd.**
CITY-ST-ZIP **Newberry, FL 32669**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Carl S. Pickett**
STREET ADDRESS **25220 W. Newberry Rd.**
CITY-ST-ZIP **Newberry, FL 32669**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Charles L. Pickett, Jr.**
STREET ADDRESS **6815 Faragut Lane**
CITY-ST-ZIP **Boynton Beach, FL 33437**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *WFP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08

352-472-4876

Date

Daytime Phone #