2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 16, 2008 08:00 All Secretary of State **DOCUMENT # 441040** 1. Entity Name <> PICKETT, INC. Principal Place of Business Mailing Address 800 W. JEFFERSON 800 W. JEFFERSON BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601 CR2E034 (11/05) 03112008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1498755 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PICKETT, W. SCOTT DO NOT WRITE 304 OLIVE ST. BROOKSVILLE, FL 34601 IN THIS SPACE 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PICKETT, W. SCOTT NAME STREET ADDRESS 800 W JEFFERSON ST CITY-ST-ZIP BROOKSVILLE, FL TITLE NAME PICKETT, PHILLIP J STREET ADDRESS 800 W JEFFERSON ST CITY-ST-ZIP BROOKSVILLE, FL 34601 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 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

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED