


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 19, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 576616**  
1. Entity Name  
DOT PICKETT RESORT WEAR, INC.



Principal Place of Business: #6 CASINO BLDG. LAKE WORTH, FL 33460  
Mailing Address: #6 CASINO BLDG. LAKE WORTH, FL 33460

**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-1832839 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MCGILL, ANN  
#6 CASINO BLDG.  
LAKE WORTH, FL 33460

**DO NOT WRITE 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

U00000269962  
03/19/05-80032-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	MCGILL, ANN
STREET ADDRESS	STORE #6 CASINO BLDG
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	V
NAME	MCGILL, ROBERT
STREET ADDRESS	STORE #6 CASINO BLDG
CITY-ST-ZIP	LAKE WORTH, FL
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)(f), 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: Ann P McGill 3-18-05 561 588-7770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #