

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 583938

Entity Name

WEST END QUICK-PIC, INC.



Principal Place of Business

19937 WEST CENTRAL AVE
BLOUNTSTOWN FL 32424

Mailing Address

PO BOX 501
BLOUNTSTOWN FL 32424



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-1850249

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

PICKRON, MILDRED A
929 W CEN AVE
BLOUNTSTOWN FL 32424

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

Mildred A. Pickron (Mildred A. Pickron) SEC. - TREAS

2-27-06

Signature, typed or printed name of registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May 2:
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PICKRON, ROY D.
STREET ADDRESS P.O. BOX 501 N/A
CITY-ST-ZIP BLOUNTSTOWN FL

TITLE ☐ Change ☐ Add
NAME UN0000452193
STREET ADDRESS 03/11/06-80017-002 150.00
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME PICKRON, ROY Y
STREET ADDRESS M.G. HOLLEY RD
CITY-ST-ZIP BLOUNTSTOWN FL

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

TITLE ST ☐ Delete
NAME PICKRON, MILDRED
STREET ADDRESS P.O. BOX 501 N/A
CITY-ST-ZIP BLOUNTSTOWN FL

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

TITLE VD ☐ Delete
NAME FOLSON, DALE H
STREET ADDRESS 313 FOLSOM AVE
CITY-ST-ZIP BLOUNTSTOWN FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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 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: *Mildred A. Pickron* Mildred A. Pickron SEC. TREAS 2-28-06 850-674-8521