


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 583938 1. Entity Name WEST END QUICK-PIC, INC.	
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Principal Place of Business 19937 WEST CENTRAL AVE BLOUNTSTOWN, FL 32424	Mailing Address PO BOX 501 BLOUNTSTOWN, FL 32424
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01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1850249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PICKRON, MILDRED A 929 W CEN AVE BLOUNTSTOWN, FL 32424

**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 Mildred A. Pickron DATE 2-14-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000644819 03/02/07-80059-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICKRON, ROY D. P.O. BOX 501 N/A BLOUNTSTOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PICKRON, ROY Y M.G. HOLLEY RD BLOUNTSTOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PICKRON, MILDRED P.O. BOX 501 N/A BLOUNTSTOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOLSON, DALE H 313 FOLSOM AVE BLOUNTSTOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Mildred A. Pickron Mildred A. Pickron 2-14-07 850-674-8524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #