

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 8:00 am
Secretary of State

07-20-2004 90001 008 ***150.00

DOCUMENT # F01000002503

1. Entity Name
PIC ENERGY SERVICES, INC.



Principal Place of Business Mailing Address
1165 NORTHCHASE PARKWAY, 4TH FLOOR **1165 NORTHCHASE PARKWAY, 4TH FLOOR**
MARIETTA, GA 30067 **MARIETTA, GA 30067**

54063743



2. Principal Place of Business Suite, Apt. #, etc.
City & State Zip Country

3. Mailing Address Suite, Apt. #, etc.
City & State Zip Country

06302004 Chg-P CR2E034 (10/03)

4. FEI Number **58-2563090** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOVAK, PERRY		NAME		
STREET ADDRESS	1165 NORTHCHASE PARKWAY, 4TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA, GA 30067		CITY-ST-ZIP		
TITLE	CASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLANDREAU, JAMES R		NAME		
STREET ADDRESS	1165 NORTHCHASE PARKWAY, 4TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA, GA 30067		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROUNTREE, DIRK R		NAME		
STREET ADDRESS	1165 NORTHCHASE PARKWAY, 4TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA, GA 30067		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-04 (770) 850-0100 Date Daytime Phone #