

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # F93000000159

1. Entity Name
PICERNE INVESTMENT CORPORATION



Principal Place of Business

**247 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714**

Mailing Address

**247 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714**



03302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0300997

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000754098
05/22/07-80048-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD PICERNE, RONALD R 75 LAMBERT LIND HIGHWAY WARWICK, RI 02886
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PICERNE, JOHN G 75 LAMBERT LIND HIGHWAY WARWICK, RI 02886
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T URITESCU, RAYMOND 75 LAMBERT LIND HWY WARWICK, RI 02886
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PICERNE, ROBERT M 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANCINI, RAY 1202 JEFFERSON BLVD. WARWICK, RI 02940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBLASE, ROBERT 75 LAMBERT LIND HWY. WARWICK, RI 02886

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #