

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000159

FILED
Apr 25, 2008
Secretary of State

Entity Name: PICERNE INVESTMENT CORPORATION

Current Principal Place of Business:

247 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

247 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 05-0300997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
SUITE 1400
ORLANDO, FL 32801 US

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.

SIGNATURE: JANICE C. MYERS, VICE PRESIDENT

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: PICERNE, RONALD R
Address: 75 LAMBERT LIND HIGHWAY
City-St-Zip: WARWICK, RI 02886

Title: S () Delete
Name: PICERNE, JOHN G
Address: 75 LAMBERT LIND HIGHWAY
City-St-Zip: WARWICK, RI 02886

Title: T () Delete
Name: URITESCU, RAYMOND
Address: 75 LAMBERT LIND HWY
City-St-Zip: WARWICK, RI 02886

Title: VP () Delete
Name: PICERNE, ROBERT M
Address: 247 N WESTMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: MANCINI, RAY
Address: 1202 JEFFERSON BLVD.
City-St-Zip: WARWICK, RI 02940

Title: D () Delete
Name: DEBLASE, ROBERT
Address: 75 LAMBERT LIND HWY.
City-St-Zip: WARWICK, RI 02886

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. PICERNE, VICE PRESIDENT

VP

04/25/2008

Electronic Signature of Signing Officer or Director

Date