

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000004861**

1. Entity Name  
**PICARD REALTY RENTALS, INC.**



Principal Place of Business  
**25350 PERDIDO BEACH BLVD  
ORANGE BEACH, AL 36561**

Mailing Address  
**PO BOX 2576  
ORANGE BEACH, AL 36561**



01212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**72-1387392**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PICARD, ANN  
17287 PERDID KEY DRIVE  
PENSACOLA, FL 32507**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000085746  
03/11/04-80059-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PC  
PICARD, ANN  
31625 SHOALWATER DRIVE  
ORANGE BEACH, AL 36561**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VVC  
BARBER, THOMAS G  
210 THRYER AVE  
PENSACOLA, FL 32507**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
MCCABE, JOHN N JR  
4141 INDIAN BAYOU N.  
DESTIN, FL 32541**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
KING, MILLIE E  
6194 HIGHWAY 59, APT. G-6  
GULF SHORES, AL 36542**

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 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: Thomas G. Barber THOMAS G. BARBER 3/09/04 251-981-2643  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #