


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90042 045 \*\*\*150.00

**DOCUMENT # G01537**  
 1. Entity Name  
**CONRAD PICKEL STUDIO, INC.**



Principal Place of Business      Mailing Address  
**7777 20TH STREET**      **7777 20TH STREET**  
**VERO BEACH FL 32966**      **VERO BEACH FL 32966**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**39-0858265**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

94026300



MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**  
**PICKEL, R. PAUL**  
**1365 ALMIRANTA LANE**  
**VERO BEACH FL 32963**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PDT	<input type="checkbox"/> Delete
NAME	PICKEL, R. PAUL	
STREET ADDRESS	1365 ALMIRANTA LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PICKEL, LISA	
STREET ADDRESS	2519 OLD QUARRY RD #1228	
CITY-ST-ZIP	SAN DIEGO CA 92108	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EUSTICE, KRISTI PICKEL	
STREET ADDRESS	1001 13 AVE EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16873 Wren Haven Way #2	
CITY-ST-ZIP	San Diego, CA 92127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rees, Kristi Pickel	
STREET ADDRESS	3808 W. Palmira Avenue	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** Paul Pickel      *Paul Pickel*      3/4/04      (772)567-1710  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #