

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90002 006 ***150.00

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



Principal Place of Business
 7777 20TH STREET
 VERO BEACH, FL 32966

Mailing Address
 7777 20TH STREET
 VERO BEACH, FL 32966

50002339



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01072005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
39-0858265

Applied For
 Not Applicable

Zip Country

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

Zip Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 | 16873 WREN HAVEN WAY, #2 | |
| CITY-ST-ZIP | SAN DIEGO, CA 92127 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | REES, KRISTI PICKEL | |
| STREET ADDRESS | 3808 W PALMIRA AVE. | |
| CITY-ST-ZIP | TAMPA, FL 33629 | |
| 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 | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REES, KRISTI PICKEL | |
| STREET ADDRESS | 7636 Camden Harbor Dr. | |
| CITY-ST-ZIP | Brenton, FL 34212 | |
| 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 1/7/05 772 567 1710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #