

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90044 034 ***150.00

DOCUMENT # G38843

1. Entity Name

PILCHARD, INC.



Principal Place of Business

84341 OLD HWY.
RT 2, BOX 2
ISLAMORADA FL 33036
US

Mailing Address

84341 OLD HWY
ISLAMORADA FL 33036
US

2. Principal Place of Business

3. Mailing Address

ABEL'S TACKLE BOX

Suite, Apt. #, etc.

84341 OLD HWY.

City & State

ISLAMORADA FL.

Zip

33036

Country

USA

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-2297401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRITCHARD, CHARLES
ROUTE 2 BOX 2
ISLAMORADA FL 33036

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

Charles Pritchard

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME PRITCHARD, CHARLES
STREET ADDRESS 84341 OLD HWY
CITY-ST-ZIP ISLAMORADA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME PRITCHARD, MARY J.
STREET ADDRESS 84341 OLD HWY
CITY-ST-ZIP ISLAMORADA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Charles Pritchard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-04

Date

3056642521

Daytime Phone #