

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****May 04, 2005 8:00 am
Secretary of State**

05-04-2005 90112 018 ***150.00

DOCUMENT # H03300 1. Entity Name PIX 'N' PICKS, INC.			
Principal Place of Business 4744 GOLDEN GATE PARKWAY NAPLES, FL 34116		Mailing Address 4744 GOLDEN GATE PARKWAY NAPLES, FL 34116	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent DEPIRO, RONALD 2200 KING ARTHUR CT NAPLES, FL 34112		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 date of publication) (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!! FEE IS \$530.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PST		
NAME	DEPIRO, RONALD		
STREET ADDRESS	2200 KING ARTHUR CT		
CITY- ST- ZIP	NAPLES, FL 34112		
TITLE	VP		
NAME	DEPIRO, ELYSE		
STREET ADDRESS	2200 KING ARTHUR CT		
CITY- ST- ZIP	NAPLES, FL 34112		
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 or without the empowered.			
SIGNATURE _____ (Signature and typed or printed Name of Secretary, Officer or Director)			

14016689



05022005 No Chg-P CR2E034 (10/03)

 4. FEI Number
59-2416178

 Applied For
 Not Applicable

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