

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05132006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-2416178

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

DEPIRO, RONALD
2200 KING ARTHUR CT
NAPLES, FL 34112

Name
DEPIRO, ELYSE

Street Address (P.O. Box Number is Not Acceptable)

2200 KING ARTHUR COURT

City
NAPLES

FL

Zip Code
34112

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

(NOTE: Registered Agent signature required when reinstating)

MAY 15, 2006
DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

400075549714
3/31/06--01018--021 **61.25

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
DEPIRO, RONALD
2200 KING ARTHUR CT
NAPLES, FL 34112 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
DEPIRO, ADAM
24909 GUNSMOKE DRIVE
LAND'O LAKES, FLORIDA 34639 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
DEPIRO, ELYSE
2200 KING ARTHUR CT
NAPLES, FL 34112 ☐ Delete

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

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Elyse DePiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 15, 2006
Date

239-793-1025
Daytime Phone #