2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H61456

1. Entity Name
ASHINGTON-PICKETT REALTY, INC.

Principal Place of Business	Mailing Address
% MICHAEL D. ASHINGTON-PICKETT	% MICHAEL D. ASHINGTON-PICKETT
1307 MONTCALM ST	1307 MONTCALM ST
ORLANDO, FL 32806 US	ORLANDO, FL 32806 US

DO NOT WRITE IN THIS SPACE

01302005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2542655	Not Applicable

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

6. Name and Address of Current Registered Agent

ASHINGTON-PICKETT, MICHAEL D.
1307 MONTCALM ST
ORLANDO, FL 32806

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 title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

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	U00000301191 04/13/05-80021-022 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	ASHINGTON-PICKETT, M. D.
STREET ADDRESS	1307 MONTCALM ST
CITY-ST-ZIP	ORLANDO, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
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CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #