


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

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



02162006 No Chg-F CR2E034 (11/05)

4. FEI Number 59-2542655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ASHINGTON-PICKETT, MICHAEL D.
 1307 MONTCALM ST
 ORLANDO, FL 32806

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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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ASHINGTON-PICKETT, M. D. 1307 MONTCALM ST ORLANDO, FL
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 03/09/06-80067-008 150.00

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: M. D. ASHINGTON-PICKETT 2/17/06 407 851 1929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #