

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90014 033 ***150.00



DOCUMENT # J18390

1. Entity Name

PICK'S SALES & LEASING, INC.

Principal Place of Business

POST OFFICE BOX 3186

OCALA FL 34478

6655 HWY 40 WEST
OCALA, FL 34482

Mailing Address

POST OFFICE BOX 3447

OCALA FL 34477

771559

34477



2. Principal Place of Business - No P.O. Box #

6655 HIGHWAY 40 WEST

Suite, Apt. #, etc.

3. Mailing Address

PO Box 771559

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-2681482

Applied For

Not Applicable

Zip

34482

Country

MARION

Zip

34477

Country

MARION

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

PICKERELL, MORRIS JR.
1220 NE 39TH RD.
OCALA FL 34472

Name

KIMBERLY A DODD

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

6655 HIGHWAY 40 WEST

City

OCALA

FL

Zip Code

34482

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

Kimberly A. Dodd / Kimberly A. Dodd

2/02/07

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, 2007 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
NAME PICKERELL, MORRIS JR. ☒ Delete
STREET ADDRESS 1220 NE 39TH RD.
CITY - ST - ZIP Ocala FL 34472

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME ROGER WELCH ☐ Change ☒ Addition
STREET ADDRESS 730 FAIRVIEW AVE. SUITE A-L
CITY - ST - ZIP BOWLING GREEN, KY 42101

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

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

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CITY - ST - ZIP ☐ Change ☐ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Roger Welch, Esq.

1-29-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #