## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # J59844**

1. Entity Name 52 PICKUP CORP.



FILED Mar 01, 2006 08:00 AN Secretary of State

Principal Place of Business

% JAMES W. MAHAFFEY 731 JAMESTOWN DR WINTER PARK, FL 32792-3626 Mailing Address

% JAMES W. MAHAFFEY 731 JAMESTOWN DR WINTER PARK, FL 32792-3626



## DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

Applied For

4. FEI Number 59-2780029

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAHAFFEY, JAMES W. 731 JAMESTOWN DR WNTER PARK, FL 32792

SIGNATURE:

## 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)   |   |         | Agent signature required when reinstating) | DATE   |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.   |   |         | cing \$5.00 May Be                         | a grant amonatan indicate and approximate a grant and approximate and approxim |
| 10.   | OFFICERS AND DIREC  | TORS    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>MAHAFFEY, JAMES W.<br>731 JAMESTOWN DR<br>WINTER PARK, FL |         |  | MUUUUUTSUSA  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |         |  | U00000452064<br>N3/11/06-80010-023 150.00  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-SI-ZIP  |   |         | DO   | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |         | IN <sup>-</sup>                            | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |         | _  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | · i e · |  |  |
| 12. I hereby certify that the information supplied with this filling 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. |   |         |  |  |

JAMES: W MAHAFFEY

20 FEB 06

407-677-0650

Daytima Phone #