

# **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# L03010

Entity Name: PICKLES PLUS, INC.

**FILED**  
**Jul 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

PICKLES PLUS  
2530 MCMULLEN BOOTH ROAD  
CLEARWATER, FL 33761 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15524  
CLEARWATER, FL 33766 US

**New Mailing Address:**

FEI Number: 59-2959587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENEDETTINI, JOSEPH M  
1825 REGAL MIST LOOP  
TRINITY, FL 34655 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BENEDETTINI, KIM M  
Address: PO BOX 15524  
City-St-Zip: CLEARWATER, FL 33766

Title: DVS  
Name: BENEDETTINI, JOSEPH M  
Address: 1825 REGAL MIST LOOP  
City-St-Zip: TRINITY, FL 34655

Title: DV  
Name: BENEDETTINI, JOSEPH M SR  
Address: 1400 TARPON WOODS BLVD UNIT E3  
City-St-Zip: PALM HARBOR, FL 34685

Title: DV  
Name: BENEDETTINI, RENATA B  
Address: 1400 TARPON WOODS BLVD UNIT E3  
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIM M. BENEDETTINI

PRES

07/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date