


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 22, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90301 024 \*\*\*150.00

<b>DOCUMENT # L74940</b> 1. Entity Name <b>PICKELMAN'S LAWNMOWER SHOP, INC.</b>	
---	---

Principal Place of Business <b>3118 23RD AVENUE NORTH C/O GEORGE E. PICKELMAN ST. PETERSBURG, FL 33713</b>	Mailing Address <b>3118 23RD AVENUE NORTH C/O GEORGE E. PICKELMAN ST. PETERSBURG, FL 33713</b>
---	---

DO NOT WRITE IN THIS SPACE



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3015194</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent

**PICKELMAN, GEORGE E.  
3118 23RD AVENUE NORTH  
ST. PETERSBURG, FL 33713**

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 *George E. Pickelman* George E. Pickelman (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PICKELMAN, GEORGE E. 3118 23RD AVENUE NORTH ST. PETERSBURG, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PICKELMAN, GEORGE W. 3118 23RD AVENUE NORTH ST. PETERSBURG, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

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: *George E. Pickelman* GEORGE PICKELMAN 6-10-06 727 323 8756

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