## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L78786

1. Entity Name PIK 'N RUN #7, INC.



Principal Place of Business

SIGNATURE:

20101 PEACHLAND BLVD. - SUITE #301 PT CHARLOTTE, FL 33954 US Mailing Address

20101 PEACHLAND BLVD. - SUITE #301 PT CHARLOTTE, FL 33954 US

## FILED Feb 08, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0209598

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TISEO, JOSEPH 20101 PEACHLAND BLVD. - SUITE #301 PORT CHARLOTTE, FL 33954

## DO NOT WRITE IN THIS SPACE

<ol> <li>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 lamiliar with, and accept the obligations of registered agent</li> </ol>					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. INOTE. Registered Agent signature required when re-installing)  DATE					
FILE NOWIST FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees	000000820843 02/18/08-80044-020 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TISEO, ALEX 20101 PEACHLAND BLVD #301 PORT CHARLOTTE, FL 33954				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS TISEO, JOSEPH 20101 PEACHLAND BLVD #301 PORT CHARLOTTE, FL 33954				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY - ST-ZIP					
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR