


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06073**  
 1. Entity Name  
**THE ASHINGTON-PICKETT FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
 1307 MONTCALM ST      1307 MONTCALM STREET  
 ORLANDO, FL 32806 US      ORLANDO, FL 32806-7055 US

**DO NOT WRITE IN THIS SPACE**



01302005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
 59-2489531      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ASHINGTON-PICKETT, MICHAEL D.  
 1307 MONTCALM STREET  
 ORLANDO, FL 32806

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ASHINGTON-PICKETT, M.
STREET ADDRESS	1307 MONTCALM STREET
CITY-ST-ZIP	ORLANDO, FL
TITLE	DST
NAME	ASHINGTON-PICKETT, S.
STREET ADDRESS	1307 MONTCALM STREET
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	ASHINGTON-PICKETT II, MICHAEL
STREET ADDRESS	1307 MONTCALM STREET
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	ASHINGTON-PICKETT, CLAIRE
STREET ADDRESS	1307 MONTCALM STREET
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000211597  
 02/02/05-80125-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:** *M.D. ASHINGTON-PICKETT*      M.D. ASHINGTON-PICKETT      1-21-05      407 851 1929

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