

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000063824

Entity Name: PICKARD APPRAISALS, INC.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

430 HERITAGE CIRCLE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

430 HERITAGE CIRCLE
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-1124892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICKARD, THOMAS
430 HERITAGE CIR
PEMBROKE, FL 33029 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: PICKARD, THOMAS
Address: 430 HERITAGE CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ST () Delete
Name: PICKARD, THOMAS
Address: 430 HERITAGE CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS PICKARD

MR

04/21/2005

Electronic Signature of Signing Officer or Director

_____ Date