

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000108223

1. Entity Name
PICINK, INC.



Principal Place of Business

**3890 TAMAMI TRAIL
B
PORT CHARLOTTE, FL 33952 US**

Mailing Address

**3890 TAMAMI TRAIL
B
PORT CHARLOTTE, FL 33952 US**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0873419** Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**SLIPATCHUK, ROMAN
25157 LAHORE LANE
PUNTA GORDA, FL 33983**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**10000001454189
03/14/06-80051-021 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
SLIPAT CHUK, ROMAN
25157 LAHORE LANE
PUNTA GORDA, FL 33983**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
MARINOV, IAVOR
674 SAXON BLVD.
DELTONA, FL 32725**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
WOLOWEC, WOLODIMIR
9223 GRACE LANE
PHILADELPHIA, PA 19115**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
WOLOWEC, VERA
9223 GRACE LANE
PHILADELPHIA, PA 19115**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
MARINOV, KOUNKA
674 SAXON BLVD.
DELTONA, FL 32725**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROMAN SLIPATCHUK

3-1-06

941-766-1200

Date

Daytime Phone #