

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90113 036 ***550.00

DOCUMENT # P03000015712

1. Entity Name

PIC PROPERTIES INC.



Principal Place of Business

3206 S WESTSHORE BLVD
TAMPA FL 33629

Mailing Address

3206 S WESTSHORE BLVD
TAMPA FL 33629

54071714



MOORE

CR2E034 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PIC Properties, Inc.

Suite, Apt. #, etc.

P.O. Box 547

City & State

Albany GA

Zip

31702

Country

USA

4. FEI Number

20-0571765

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WURSTER, KEN
3206 S WESTSHORE BLVD
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME SHARPE, FRED
STREET ADDRESS P.O. BOX 547
CITY-ST-ZIP ALBANY GA 31702

TITLE DST ☐ Delete
NAME WURSTER, KEN
STREET ADDRESS 3206 S WESTSHORE BLVD
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ Delete
NAME SCOTT, LONDON
STREET ADDRESS 3206 S WESTSHORE BLVD
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ Delete
NAME STRICKLAND, MIKE
STREET ADDRESS 3206 S WESTSHORE BLVD
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ Delete
NAME COTTRELL, DANIEL
STREET ADDRESS 3206 S WESTSHORE BLVD
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Change ☐ Addition
NAME SHARPE, FRED
STREET ADDRESS 2009 PALMYRA ROAD
CITY-ST-ZIP ALBANY, GA 31701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition
NAME SCOTT, LONDON
STREET ADDRESS 2021 ALEXANDER ST.
CITY-ST-ZIP DOTHAN, AL 36301

TITLE D ☐ Change ☐ Addition
NAME STRICKLAND, MIKE
STREET ADDRESS 401 NORTH CORSBIE ST.
CITY-ST-ZIP HARTSELLE, AL 35649

TITLE D ☐ Change ☐ Addition
NAME COTTRELL, DANIEL
STREET ADDRESS 1121 BELLEVILLE AVE.
CITY-ST-ZIP BRUTON, AL 36426

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Fred Sharpe

9-1-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #