2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 12, 2004 8:00 am Secretary of State

DOCUMENT # P03000110264 1. Entity Name GARY A PICOTTE, INC.							07-12-						-2004 9	2004 90016 034 ***150.00			
Principal Place of Business Mailing Address 222 S. COUNTRY CLUB ROAD LAKE MARY, FL 32746 LAKE MARY, FL 32746									44047967								
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Suite, Apt.	#, etc.	. 6	,	Suite, A	Apt. #, etc.				070120	04	Ch	g-P	CR	2E034 ((10/03)		
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Zip		Country		Zip 3	2746	Coun	try		5. Certif	icate o	f Statu	s Desired			.75 Add Required		
	6. Name	and Address	of Current R	egistered /					7. Name	and /	Addres	s of New	Register		<u> </u>		
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PICOTTE, GARY'A 222 S. COUNTRY CLUB ROAD LAKE MARY, FL 32746							Street A	et Address (P.O. Box Number is Not Acceptable) (6 4 6 Fred Rick FIVe									
							City Ĺ	Lakemon FL FL Zip Code									
8. The above	named entit	y submits this s	tatement for t	he purpose	e of changing its	register	ed office or	register	ed agent, o	or both	, in the	State of	Florida. I	am fami	liar with,	and accept	
the obligati	ions of regist	tered agent.)														
SIGNATURE_	Signature, typed	or printed name of re	Solstered agent and	d title if applicat	nle (NOTE	- Hegislere	Anent signat	ice required	when reinstating	an)			DA	TC			
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	certify that the	e information sunt or supplemen	pplied with the	nis filing do	es not qualify for curate and that n			ted in Se ave the s	ction 119.0 same legal	17(3)(i) effect	, Florid as if m	a Statute ade unde	s. further er oath; tha	certify t	hat the in	formation or director	

12. I hereby certify that the information supplied with this filling 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:

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

7/5/04

<u>467383-204</u>2

Daytime Phone #