



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90008 012 ***550.00

DOCUMENT # P03000132873 1. Entity Name PICC-SMART, INC.																																																																																																																																																																	
Principal Place of Business 13127 KEY LIME BOULEVARD WEST PALM BEACH, FL 33412				Mailing Address 13127 KEY LIME BOULEVARD WEST PALM BEACH, FL 33412																																																																																																																																																													
2. Principal Place of Business 13127 Key Lime Blvd.		3. Mailing Address 13127 Key Lime Blvd																																																																																																																																																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																															
City & State WPB, FL.		City & State WPB, FL.																																																																																																																																																															
Zip 33412		Zip 33412		09112004 Chg-P CR2E034 (10/03)																																																																																																																																																													
4. FEI Number 11-3713307				Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent KRAMER, SCOTT ESQ. 6650 W INDIANTOWN ROAD STE 200 JUPITER, FL 33458																																																																																																																																																													
7. Name and Address of New Registered Agent Name Patrick R. Hare Street Address (P.O. Box Number is Not Acceptable) 13127 Key Lime Blvd. City WPB FL Zip Code 33412				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 Hare Patrick R. Hare 9/7/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																													
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>HARE, PATRICK R</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13127 KEY LIME BOULEVARD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33412</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>KILGORE, TANYA M</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13127 KEY LIME BOULEVARD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33412</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		HARE, PATRICK R					STREET ADDRESS	13127 KEY LIME BOULEVARD		STREET ADDRESS			CITY-ST-ZIP	WEST PALM BEACH, FL 33412		CITY-ST-ZIP									TITLE	KILGORE, TANYA M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS	13127 KEY LIME BOULEVARD		STREET ADDRESS			CITY-ST-ZIP	WEST PALM BEACH, FL 33412		CITY-ST-ZIP									TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP								
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																														
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																												
	HARE, PATRICK R																																																																																																																																																																
STREET ADDRESS	13127 KEY LIME BOULEVARD		STREET ADDRESS																																																																																																																																																														
CITY-ST-ZIP	WEST PALM BEACH, FL 33412		CITY-ST-ZIP																																																																																																																																																														
TITLE	KILGORE, TANYA M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																												
NAME			NAME																																																																																																																																																														
STREET ADDRESS	13127 KEY LIME BOULEVARD		STREET ADDRESS																																																																																																																																																														
CITY-ST-ZIP	WEST PALM BEACH, FL 33412		CITY-ST-ZIP																																																																																																																																																														
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																												
NAME			NAME																																																																																																																																																														
STREET ADDRESS			STREET ADDRESS																																																																																																																																																														
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																														
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																												
NAME			NAME																																																																																																																																																														
STREET ADDRESS			STREET ADDRESS																																																																																																																																																														
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																														
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																												
NAME			NAME																																																																																																																																																														
STREET ADDRESS			STREET ADDRESS																																																																																																																																																														
CITY-ST-ZIP			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: Hare Patrick R. Hare 9/7/04 861-793-4485 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																																	

Attachment
2405504④
#P03000132873

9/7/04

To Whom it May Concern,

My attempts to do the Annual Report on-line prior to the due date were unsuccessful largely, I guess, due to Hurricane Francis. I am filing by mail now as I am still unable to file on-line.

Sincerely, Patrick R. Hare
