


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90405 038 \*\*\*150.00

<b>DOCUMENT # P03000152121</b> 1. Entity Name <b>PICKARD CONSTRUCTION COMPANY, INC.</b>					
Principal Place of Business <b>1434 S.W. 13TH STREET STUART FL 34996</b>			Mailing Address <b>1434 S.W. 13TH STREET STUART FL 34996</b>		
2. Principal Place of Business <b>6486 33RD PLACE</b>		3. Mailing Address <b>6486 33RD PLACE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>VERO BEACH, FLORIDA</b>		City & State <b>VERO BEACH, FLORIDA</b>		4. FEI Number 	
Zip <b>32966</b>		Country <b>USA</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>PICKARD, CHAD 1434 S.W. 13TH STREET STUART FL 34996</b>			7. Name and Address of New Registered Agent -Name <b>MARK PICKARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>6486 33RD PLACE</b> City <b>VERO BEACH, FL</b> Zip Code <b>32966</b>		
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 <i>Mark Pickard</i> <b>MARK PICKARD, PRESIDENT</b> DATE <b>4/13/04</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State.</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>PICKARD, MARK</b> <b>11709 FIDDLERS ROOF LANE</b> <b>CHARLOTTE NC 28277</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>PICKARD, KATHY</b> <b>11709 FIDDLERS ROOF LANE</b> <b>CHARLOTTE NC 28277</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>PICKARD, ZACK</b> <b>11709 FIDDLERS ROOF LANE</b> <b>CHARLOTTE NC 28277</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>PICKARD, CHAD</b> <b>1434 S.W. 13TH STREET</b> <b>STUART FL 34996</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Mark Pickard</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/13/04 (772) 794-9111</b> <small>Date Daytime Phone #</small>		