2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Feb 16, 2005 8:00 am **Secretary of State** DOCUMENT # P03000152121 02-16-2005 90041 044 ***150.00 PICKARD CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 6486 33RD PLACE VERO BEACH FL 32966 6486 33RD PLACE 20016102 VERO BEACH FL 32966 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PICKARD, MARK Street Address (P.O. Box Number is Not Acceptable) **6486 33RD PLACE** VERO BEACH FL 32966 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11 PD TITLE ☐ Delete TITLE ☐ Addition 6486 33PD PlACE PICKARD, MARK NAME NAME VERO BEACH, 71.32966 STREET ADDRESS 11709 FIDDLERS ROOF LANE STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC 28277 CITY-ST-ZIP 6486 33 no. Place \ VEno BEACH, 71. 32966 6486 33 no. Place \ Change TD. TITLE - Delete -TITLE ☐ Addition NAME PICKARD, KATHY NAME STREET ADDRESS 11709 FIDDLERS ROOF LANE STREET ADDRESS CITY-ST-7(P CHARLOTTE NC 28277 CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Addition NAME PICKARD, ZACK NAME STREET ADDRESS 11709 FIDDLERS ROOF LANE STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC 28277 CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition PICKARD, CHAD 1434 S.W. 13TH STREET STREET ADDRESS STREET ADDRESS STUART FL 34996 CITY-ST-7iP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTALE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 federiver or true true mpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the changed, or on an attack

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