

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000153922

Entity Name: QUICK PICK OF ST PETERSBURG, INC

**FILED**  
**Nov 23, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

800 58TH STREET N  
ST PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

800 58TH STREET N  
ST PETERSBURG, FL 33710

**New Mailing Address:**

FEI Number: 20-1870084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARRIGAN, THOMAS J  
3910 NORTHDAL BLVD  
SUITE 100  
TAMPA, FL 33624 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: BHUIYAN, REHANA  
Address: 8618 LAUREL DRIVE  
City-St-Zip: PINELLAS PARK, FL 33782

Title: VP (X) Delete  
Name: BHUIYAN, ABUL B  
Address: 8618 LAUREL DRIVE  
City-St-Zip: PINELLAS PARK, FL 33782

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REHANA BHUIYAN

PRES

11/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date