

FILED
Mar 12, 2008 8:00 am
Secretary of State

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01-22-2008 90044 023 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000106754					
1. Entity Name MR. & MRS. PICKLE TOO, INC.					
Principal Place of Business 525 S. DEXTER AVE. DELAND, FL 32720			Mailing Address 525 S. DEXTER AVE. DELAND, FL 32720		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent UNDERWOOD, STEVEN M 525 S. DEXTER AVE. DELAND, FL 32720			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and date of signature					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY ST ZIP	P FOREST-UNDERWOOD, JUDY 525 S. DEXTER AVE. DELAND, FL 32720 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	VP UNDERWOOD, STEVEN M 525 S. DEXTER AVE. DELAND, FL 32720 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	SEC UNDERWOOD, STEVEN M 525 S. DEXTER AVE. DELAND, FL 32720 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	TREA FOREST-UNDERWOOD, JUDY 525 S. DEXTER AVE. DELAND, FL 32720 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>STEVEN M. UNDERWOOD</u> 1-15-08 407-915-8700 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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01152008 Chg-P CR2E034 (12/06)

4. FCI Number
32 0228729 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required