


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

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90014 001 ***150.00

DOCUMENT #P92000009331 1. Entity Name NEW YORK PICKLE, CO, INC	
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DO NOT WRITE IN THIS SPACE

40010800

CR2E034B (8/05)

2. Principal Place of Business 2900 W SAMPLE RD Suite, Apt. #, etc. MSK01	3. Mailing Address 8039 BELLAFFIORE WAY Suite, Apt. #, etc.
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City & State COMPANO BEACH, FL	City & State BOYNTON BEACH, FL	4. FEI Number 65-0380460	Applied For Not Applicable
Zip 33073	Country	Zip 33437	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name ALLEN J YOUNG	
Street Address (P.O. Box Number is Not Acceptable) 8039 BELLAFFIORE WAY	
City BOYNTON BEACH	FL Zip Code 33437

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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN J YOUNG 8039 BELLAFFIORE WAY BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IRIS YOUNG 8039 BELLAFFIORE WAY BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: IRIS YOUNG IRIS YOUNG 561 738-0646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #