


**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 <b>NEW YORK PICKLE, CO, INC</b>	
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40010800

CR2E034B (8/05)

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

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

7. Name and Address of Current Registered Agent	
Name <b>ALLEN J YOUNG</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>8039 BELLAFIORRE WAY</b>	
City <b>BOYNTON BEACH</b>	FL Zip Code <b>33437</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 \_\_\_\_\_ (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	<b>P</b> <b>ALLEN J YOUNG</b> <b>8039 BELLAFIORRE WAY</b> <b>BOYNTON BEACH, FL 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>IRIS YOUNG</b> <b>8039 BELLAFIORRE WAY</b> <b>BOYNTON BEACH, FL 33437</b>
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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 # \_\_\_\_\_