


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2006 8:00 am
Secretary of State

04-24-2006 90466 023 ***150.00

DOCUMENT # P95000050310			
1. Entity Name PICK'S FOODS, INC.			
Principal Place of Business 7517 132ND ST NORTH SEMINOLE FL 34646		Mailing Address 7517 132ND ST NORTH SEMINOLE FL 34646	
2. Principal Place of Business		3. Mailing Address 7517 132ND ST N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SEMINOLE, FL	
Zip	Country	Zip 33776	Country US
4. FEI Number 59-3325667		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PICKETT, ROBERT E JR 7517 132ND ST NORTH SEMINOLE FL 33776		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 ROBERT E PICKETT JR		DATE 5-10-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICKETT, ROBERT E JR 7517 132ND ST NORTH SEMINOLE FL 34646 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PICKETT, CYNTHIA L 7517 132ND ST NORTH SEMINOLE FL 34646 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 authority to be empowered.			
SIGNATURE: ROBERT E PICKETT JR		DATE 5-10-06 727 420-9387	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	