


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000057488		
1. Entity Name P.I.C.S. CORP.		
Principal Place of Business 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243 US	Mailing Address 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243 US	



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3329603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DOBIESZ, NORMAN R 2150 WHITFIELD INDUSTRIAL WAY STE 100 SARASOTA, FL 34243	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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 _____

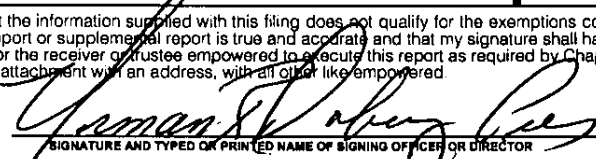
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOBIESZ, NORMAN 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GRECO, SAMUEL A 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOBIESZ, MAUREEN 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000745004
05/16/07-80011-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  4/24/07 941-727-1552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____