

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000090640

Entity Name: PICKETT HOMES, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

959 GRAND CANAL ST.  
GULF BREEZE, FL 32563

## New Principal Place of Business:

701 S. PALAFOX STREET  
PENSACOLA, FL 32502

## Current Mailing Address:

959 GRAND CANAL ST.  
GULF BREEZE, FL 32563

## New Mailing Address:

701 S. PALAFOX STREET  
PENSACOLA, FL 32502

FEI Number: 59-3350020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMS, CRAIG R  
959 GRAND CANAL STREET  
GULF BREEZE, FL 32563 US

## Name and Address of New Registered Agent:

SIMS, CRAIG R  
701 S. PALAFOX STREET  
PENSACOLA, FL 32502 US

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.

SIGNATURE: CRAIG R. SIMS

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: SIMS, CRAIG R  
Address: 959 GRAND CANAL STREET  
City-St-Zip: GULF BREEZE, FL 32563

Title: DVS ( ) Delete  
Name: SIMS, TAMMY M  
Address: 959 GRAND CANAL STREET  
City-St-Zip: GULF BREEZE, FL 32563

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: SIMS, CRAIG R  
Address: 701 S. PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: DVS (X) Change ( ) Addition  
Name: SIMS, TAMMY M  
Address: 701 S. PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32502

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG R. SIMS

DPT

04/30/2008

Electronic Signature of Signing Officer or Director

Date