

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000042386

1. Entity Name
PICERNE GOLD RUSH I ASSOCIATES, INC.



Principal Place of Business
247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714

Mailing Address
247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3446834

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COSTOLO, W. TERRY ESQ
301 E PINE STREET
STE 1400
ORLANDO, FL 32801

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000143269
04/30/04-80084-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	PICERNE, ROBERT M
STREET ADDRESS	247 NORTH WESTMONTE DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	VP
NAME	WALKER, DWAYNE
STREET ADDRESS	247 N WESTMONTE DR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	VPS
NAME	ERICH, JACK W
STREET ADDRESS	247 N WESTMONTE DR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #