

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2004 08:00 AM
Secretary of State**

DOCUMENT # P97000094828

1. Entity Name
PICKARD INVESTMENTS, INC.



Principal Place of Business
**2550 N. FEDERAL HWY., SUITE 19
FT. LAUDERDALE, FL 33305**

Mailing Address
**2550 N. FEDERAL HWY., SUITE 19
FT. LAUDERDALE, FL 33305**



04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0792151 Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

**PICKARD, SHARON A
2550 N. FEDERAL HWY., SUITE 19
FT. LAUDERDALE, FL 33305**

**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**

**000000112265
04/14/04-80016-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
PICKARD, SHARON A
2550 N. FEDERAL HWY., SUITE 19
FT. LAUDERDALE, FL 33305**

TITLE
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon A. Pickard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04
Date

954-564-5160
Daytime Phone #