

4/6/21

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-06-2005 90100 036 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

66011470



2. Principal Place of Business
 2550 N. Fed. Hwy.
 Suite, Apt. #, etc.
 Suite 2

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Ft. Lauderdale, FL

City & State

03152005 Chg-P CR2E034 (10/03)

4. FEI Number
 65-0792151

Applied For
 Not Applicable

Zip
 33305

Country
 USA

Zip

Country

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

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 except the obligations of registered agent.

SIGNATURE Sharon A. Pickard

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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: Sharon A. Pickard 4-18-05

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #