

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90024 030 ***150.00

DOCUMENT # P97000094828

1. Entity Name
PICKARD INVESTMENTS, INC.



Principal Place of Business
**2550 N. FEDERAL HWY., SUITE 19
STE 2
FORT LAUDERDALE, FL 33315 US**

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

00000000

2. Principal Place of Business
2552 N. Federal Hwy.
Suite, Apt. #, etc.

3. Mailing Address
2552 N. Federal Hwy.
Suite, Apt. #, etc.



03132006 Chg-P CR2E034 (11/05)

City & State
Fort Lauderdale FL
Zip
33305
Country
U.S.A.

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Fort Lauderdale, FL
Zip
33305
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4. FEI Number
65-0792151
Applied For
☒ Not Applicable

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
SHARON A. PICKARD
Street Address (P.O. Box Number is Not Acceptable)
2550 N. Federal Hwy. Suite 18
City
Fort Lauderdale FL Zip Code
33305

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: *Sharon A. Pickard*

3-13-06

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, 2006 Fee will be \$550.00**

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	same (Sharon A. Pickard) 2550 N. Federal Hwy. Suite 18 Fort Lauderdale, FL 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3-13-06

Date

954-564-5160

Daytime Phone #