2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2006 8:00 am Secretary of State 02-13-2006 90025 036 ***150.00

DOCUMENT # P98000023803 1. Entity Name ROCK & PICKLE, INC.								02-13-2000	70023	,50 15	0.00
Principal Place of Business 4850 N. HIGHWAY 19A MOUNT DORA, FL 32757			Mailing Address 4850 N. HIGHWAY 19A MOUNT DORA, FL 32757				ma ere er				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			••••	02012006	Chg-P	CR2E	034 (11/05)	
City & State			City & State				4. FEI Numbi				oplied For
Zip	Country		Zip	Zip Countr				of Status Desired		\$8.75 Add	ditional
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New	Registered	Agent		
STONE, LEWIS W 4850 N. HIGHWAY 19A MOUNT DORA, FL 32757					Name Street Address (P.O. Box Number is Not Acceptable)						
				City				Fl	Zip Cod	е	
	ions of regist		or the purpose of changing its and title if applicable. (NOT		ed office or reg			th, in the State of F	Torida. I am	familiar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fin. Trust Fund Contribution					ncing		.00 May Be ed to Fees	_		: ` .	*
10.	,	OFFICERS AND	DIRECTORS	11.			ADDITIONS	CHANGES TO OF	FICERS AN		S IN 11
TITLE NAME	VPS STONE, L	.EWIS W	☐ Delete	E	P Sta	P Stone, Lewis W.			Change	☐ Addition	
STREET ADDRESS CITY+ST-ZIP	2616 VILL EUSTIS, I			ET ADORESS - ST- ZIP	2616 Villa Way Eustis, FL 32726						
TITLE NAME	P	, SCOTT A	☐ Delete	TITLE	- 1	VΡ	•	: J2 / 20		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	711 OLD	EUSTIS ROAD OORA, FL 32757		STRE	ET ADORESS -ST-ZIP		Gerken, Scott A. 711 Old Eustis Road				
TITLE	MODITI	00.00.712 02.07	☐ Delete	TITLE		Мо	unt Dora	, FL 3275	7	☐ Change	☐ Addition
NAME STREET ADDRESS					E ET ADORES\$ -ST-ZIP						
CETY-ST-ZIP			Defete	IML						☐ Change	Addition
NAME			LJ Desete	NAM	- 1					Criange	[_] Nooilion
STREET ADDRESS CITY-ST-ZIP					ET ADORESS -ST-ZIP						
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS					ET ADDRESS					: .* .	
CITY+ST-ZIP	ļ		☐ Delete	CITY	-ST-ZIP					☐ Change	☐ Addition
NAME	1		- Delete	NAM	- 1						LT WARRING
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					•	-
12. I hereby of indicated of the corchanged.	certify that the on this reporporation or the or on an atta	e information supplied with rt or supplemental report in the receiver or trustee emp achment with an address,	n this filing does not qualify it s true and accurate and that owered to execute this report with all other like empowerap	or the exi my signal as requi	emptions conti ture shall have red by Chapte	ainec the ser 607	d in Chapter 119 same legal effec 7. Florida Statute	9, Florida Statutes. It as if made under es; and that my name	I further ce r oath; that I me appears	rtify that the in am an officer in Block 10 o	nformation or director r Block 11 if

2/1/06

352 357-0330