
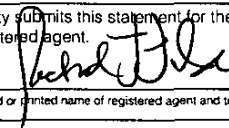
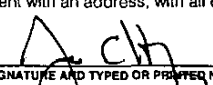


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90566 039 ***150.00

DOCUMENT # P98000025548 1. Entity Name PICERNE CIMARRON ESTATES ASSOCIATES, INC.					
Principal Place of Business 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714			Mailing Address 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3503264	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COSTOLO, W. TERRY ESQ. 301 E PINE ST STE 1400 ORLANDO, FL 32801				Name RICHARD J. FILDES Street Address (P.O. Box Number is Not Acceptable) 215 N. EOLA DRIVE City ORLANDO FL Zip Code 32801	
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  RICHARD J. FILDES <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD PICERNE, ROBERT M 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS PICERNE, ROBERT M. 247 N WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP WALKER, DWAYNE 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP VPS ERICH, JACK W 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP T HEFLINGER, JAN C. 247 N WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:  Jan C Hefflinger <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
ROBERT M. PICERNE, PRESIDENT				Date 4/26/05 Daytime Phone #	