


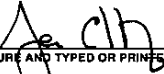
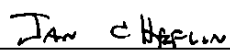


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90975 017 \*\*\*150.00

<b>DOCUMENT # P98000062583</b> 1. Entity Name PICERNE WILLOW KEY DEVELOPMENT, 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  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3522050</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02152005    Chg-P    CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  COSTOLO, W. TERRY ESQ 301 EAST PINE STREET ORLANDO, FL 32801			<b>7. Name and Address of New Registered Agent</b> Name <b>RICHARD J. FILDES</b> Street Address (P.O. Box Number is Not Acceptable) <b>215 N. EOLA DRIVE</b> City <b>ORLANDO</b> FL    Zip Code <b>32801</b>		
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: 			<b>RICHARD J. FILDES</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT PICERNE, ROBERT M 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PICERNE, ROBERT M. 247 NEWESTMONTE DR. ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIDD, ANDREW L 25 WEST 43RD STREET SUITE 704 NEW YORK, NY 10036	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALKER, DWAYNE 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PICERNE, ROBERT M 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEFLINGER, JAN C. 247 N WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 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.					
<b>SIGNATURE:</b>   4/26/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date    Daytime Phone #					
<b>ROBERT M. PICERNE, PRESIDENT</b>					