2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000048438

1. Entity Name PITCOCK ENTERPRISES, INC.



Principal Place of Business

350 CIRCLE DR. WEST ST. AUGUSTINE, FL 32084

Mailing Address

350 CIRCLE DR. WEST ST. AUGUSTINE, FL 32084

Apr 07, 2004 08:00 AM Secretary of State

FILED



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0926385

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PITCOCK, PEGGY J 350 CIRCLE DR. WEST ST. AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

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. It am familiar with, and accept the obligations of registered agent. SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent s				required when reinstating)	DATE
FILE NOWIN FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000105226 04707704-80017-004_150_00
10.	ÖFFICERS AND DIREC	CTORS			
Tifle Name Street Address City-St-ZIP	D PITCOCK, RAY A 350 CIRCLE DRIVE WEST ST. AUGUSTINE, FL 32095			*	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS ONY-SI-ZIP					
TITLE NAME STREET ADDRESS CRY-ST-ZIP					
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, Efurther certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director					

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.

CONSTITUTE:

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: