



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90204 002 ***150.00

DOCUMENT # P99000048438 1. Entity Name PITCOCK ENTERPRISES, INC.					
Principal Place of Business 200 ST GEORGE ABE SAINT AUGUSTINE, FL 32084 US			Mailing Address 200 ST GEORGE ABE SAINT AUGUSTINE, FL 32084 US		
2. Principal Place of Business - No P.O. Box # 2918 North 2nd St.		3. Mailing Address 2918 North 2nd St.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State St. Augustine FL		City & State St. Augustine FL			
Zip 32084		Country US		4. FEI Number 65-0926385	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		01182008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent PITCOCK, PEGGY J 200 ST. GEORGE AVE SAINT AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent Name Peggy J. Pitcock Street Address (P.O. Box Number is Not Acceptable) 2918 North 2nd St. City St. Augustine FL Zip Code 32084	
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: <u>Peggy J. Pitcock</u> Peggy J. Pitcock <u>4/29/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 D PITCOCK, RAY A 200 ST. GEORGE AVE SAINT AUGUSTINE, FL 32084			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2918 North 2nd St. St. Augustine, FL 32084		
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		
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		
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		
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		
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 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: <u>Ray A. Pitcock</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-29-08</u> <u>904-814-2149</u> <small>Date Daytime Phone #</small>		