

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # S07854

1. Entity Name
PIK 'N RUN #5, INC.



Principal Place of Business
20101 PEACHLAND BLVD. - SUITE #301
PORT CHARLOTTE, FL 33954 US

Mailing Address
20101 PEACHLAND BLVD. - SUITE #301
PORT CHARLOTTE, FL 33954 US



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0231717

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JOSEPH TISEO
20101 PEACHLAND BLVD. - SUITE #301
PORT CHARLOTTE, FL 33954

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

1100000405183
02/07/06-80029-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TISEO, ALEX
STREET ADDRESS	20101 PEACHLAND BLVD #301
CITY - ST - ZIP	PORT CHARLOTTE, FL 33954
TITLE	VP
NAME	TISEO, JOSEPH
STREET ADDRESS	20101 PEACHLAND #301
CITY - ST - ZIP	PORT CHARLOTTE, FL 33954
TITLE	S
NAME	TISEO, JOSEPH
STREET ADDRESS	20101 PEACHLAND BLVD #301
CITY - ST - ZIP	PORT CHARLOTTE, FL 33954
TITLE	T
NAME	TISEO, JOSEPH
STREET ADDRESS	20101 PEACHLAND BLVD #301
CITY - ST - ZIP	PORT CHARLOTTE, FL 33954
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/06 941-627-3500
Date Daytime Phone #