


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 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
DO NOT WRITE IN THIS SPACE		
		01162007 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0231717
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <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, 2007 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		
TITLE	PD	DO NOT WRITE IN THIS SPACE U000000595730 01/23/07-80052-001 150.00
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		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/17/07
		Daytime Phone # 944-627-3500