

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 259720 1. Entity Name JAMES H. PRUITT REAL ESTATE INC	
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Principal Place of Business 10 S. HARBOR CITY BLVD. MELBOURNE, FL 32901	Mailing Address 10 S. HARBOR CITY BLVD. MELBOURNE, FL 32901
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02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1000937	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRUTT, JAMES M 1050 HARBORCITY BLVD MELBOURNE, FL 32935
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**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

000000064798
02/25/04-80010-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRUITT, HERBERT T 10 S HARBOR CITY BLVD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRUITT, JAMES MICHAEL 10 SOUTH HARBOR CITY BLVD. MELBOURNE, FL
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *James H. Pruitt* Pres. 2/19/04 321 723-1147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #