

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # G78095
 1. Entity Name
ALBERT H. PELL, INC.



Principal Place of Business Mailing Address
 400 DOYLE ROAD P.O. BOX 189
 OSTEEN, FL 32764-0089 US OSTEEN, FL 32764-0089 US

DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2396300	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
 PELL, ALBERT H.
 400 DOYLE ROAD
 P.O. BOX 189
 OSTEEN, FL 32764

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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, 2005 Fee will be \$550.00

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

11000000223680
 02/15/05-80006-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PELL, ALBERT H. 400 DOYLE ROAD P.O. BOX 189 OSTEEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PELL, MARK 400 DOYLE ROAD P.O. BOX 189 OSTEEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PELL, ROSS A. 400 DOYLE ROAD P.O. BOX 189 OSTEEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PELL, JANETTE K. 400 DOYLE ROAD P.O. BOX 189 OSTEEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 persons empowered.

SIGNATURE: Albert H. Pell 2-8-05 407-322-3873
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ALBERT H. PELL