


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

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



Principal Place of Business
400 DOYLE ROAD
OSTEEN, FL 32764-0089 US

Mailing Address
P.O. BOX 189
OSTEEN, FL 32764-0089 US

DO NOT WRITE IN THIS SPACE



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2396300	Applied For Not Applicable
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5. Certificate of Status Desired **\$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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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, 2007 Fee will be \$550.00**

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

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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02/23/07-80035-010 158.75

**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:  **ALBERT H. PELL** 2-7-07 407 314 3827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #