

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90202 017 ***150.00

DOCUMENT # 829598	
1. Entity Name PURCELL CO., INC.	

Principal Place of Business 4401 EAST ALOHA DR DIAMONDHEAD, MS 39525 US	Mailing Address 4401 EAST ALOHA DR DIAMONDHEAD, MS 39525 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

04242006 Chg-P CR2E034 (11/05)

4. FEI Number 64-0476721	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ALEXANDER, BILLY G. 4401 EAST ALOHA DR DIAMONDHEAD, MS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALCOM P. McLEAN, JR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4401 EAST ALOHA DRIVE DIAMONDHEAD, MS 39525 DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOFFE, CARL H 4401 EAST ALOHA DR DIAMONDHEAD, MS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRICIA McLEAN MENDENHALL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4401 EAST ALOHA DRIVE DIAMONDHEAD, MS 39525 DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HECTOR, HOLCOMB P 4401 EAST ALOHA DR DIAMONDHEAD, MS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NANCY McLEAN PARKER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4401 EAST ALOHA DRIVE DIAMONDHEAD, MS 39525 DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, ARTIS E 4401 EAST ALOHA DR DIAMONDHEAD, MS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition F. DUFFIELD MEYERCORD 4401 EAST ALOHA DRIVE DIAMONDHEAD, MS 39525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MCCOWN, JOHN 4401 EAST ALOHA DR DIAMONDHEAD, MS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Holcomb Hector* **HOLCOMB HECTOR** April 24, 2006 228-255-7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #