

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

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**



02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **64-0476721** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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	VPT
NAME	ALEXANDER, BILLY G.
STREET ADDRESS	4401 EAST ALOHA DR
CITY-ST-ZIP	DIAMONDHEAD, MS
TITLE	S
NAME	JOFFE, CARL H
STREET ADDRESS	4401 EAST ALOHA DR
CITY-ST-ZIP	DIAMONDHEAD, MS
TITLE	V
NAME	HECTOR, HOLCOMB P
STREET ADDRESS	4401 EAST ALOHA DR
CITY-ST-ZIP	DIAMONDHEAD, MS
TITLE	PD
NAME	JAMES, ARTIS E
STREET ADDRESS	4401 EAST ALOHA DR
CITY-ST-ZIP	DIAMONDHEAD, MS
TITLE	D
NAME	MCLEAN, MALCOM P JR
STREET ADDRESS	4401 EAST ALOHA DR
CITY-ST-ZIP	DIAMONDHEAD, MS 39525
TITLE	D
NAME	MENDENHALL, PATRICIA M
STREET ADDRESS	4401 EAST ALOHA DR
CITY-ST-ZIP	DIAMONDHEAD, MS 39525

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02/23/07-80030-007 150.00

**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:

[Signature] V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/07 228-255-3333