



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # 829598 1. Entity Name PURCELL CO., INC.	
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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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DO NOT WRITE IN THIS SPACE


01072008 No 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

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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

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

U00000776205
01/09/08-80015-004 150.00

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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:  **V.P.** 1/07/08 228-255-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #