


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000000108	
1. Entity Name PRITCHARD INDUSTRIES, INC.	

Principal Place of Business 1120 AVENUE OF THE AMERICAS 17TH FL NEW YORK, NY 10036	Mailing Address 1120 AVENUE OF THE AMERICAS 17TH FL NEW YORK, NY 10036
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DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3353489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP PRITCHARD, PETER D 1120 AVENUE OF THE AMERICAS 17TH FL NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOKOLOWSKI, ROBERT 1120 AVENUE OF THE AMERICAS 17TH FL NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SQUERI, FRANK 1120 AVENUE OF THE AMERICAS 17TH FL NEW YORK, NY 10036
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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 like empowered.

SIGNATURE:  **6/30/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #