2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F96000001009

1. Entity Name
PURCELL ENTERPRISES, INC.

50042681

01042005   No Chg-P   CR2E034 (10/03)

Principal Place of Business	Mailing Address
10446 POINTVIEW CT	P O BOX 7628
ORLANDO, FL 32836 US	HILTON HEAD, SC 29938 US

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
06-1256422	Not Applicable

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

6. Name and Address of Current Registered Agent

PURCELL, JOHN R
14155 US HWY 1 #310
JUNO BCH, FL 33408

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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_____

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP-CFO
NAME	FAIR, JOHN E
STREET ADDRESS	~~1040 WM HILTON PKWY~~ 10 Pope Ave, Executive P #202
CITY-ST-ZIP	HILTON HEAD, SC 29928

TITLE	CEO
NAME	PURCELL, JOHN R
STREET ADDRESS	~~1040 WM HILTON PKWY~~ 10 Pope Ave, Executive Pk #202
CITY-ST-ZIP	HILTON HEAD, SC 29928

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _John E. Fair_ JOHN E. FAIR 4/7/05 (843) 842-6200

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