## **2006 FOR PROFIT CORPORATION**

## Apr 19, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F96000001009 04-19-2006 90089 017 \*\*\*150.00 1. Entity Name PURCELL ENTERPRISES, INC. Principal Place of Business Mailing Address 10446 POINTVIEWET 2840 Regal Pine P 0 BOX 7628 TrauL ORLANDO, FL 32036 US HILTON HEAD, SC 29938 US Oviedo, FL 32766 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 06-1256422 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PURCELL, JOHN R Street Address (P.O. Box Number is Not Acceptable) 14155 US HWY 1 #310 JUNO BCH, FL 33408 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CFO TITLE Delete TITLE Change ☐ Addition Kefford David R. 10 Pope Are. Executive Park & 202 FAIR, JOHN E NAME NAME STREET ADDRESS 10 POPE AVE EXECUTIVE PK #202 STREET ADDRESS HILTON HEAD, SC 29928 CITY-ST-ZIP CITY-ST-7IP Hilton Head SC 29928 CEO TITLE Defete TITLE ☐ Change Addition PURCELL, JOHN R NAME 10 POPE AVE EXECUTIVE PK #202 STREET ADDRESS STREET ADDRESS HILTON HEAD, SC 29928 CITY - ST - ZIP CITY-ST-718 TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 giver like empowered.

City-St-ZIP

SIGNATURE:

CITY-ST-7IP

OF SIGNING OFFICER OR DIRECTOR

(843)-842-2600

**FILED**