## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 23, 2007 08:00 AM **DOCUMENT # H48530 Secretary of State** 1. Entity Name PR&I.INCORPORATED Principal Place of Business Mailing Address 120 CARTGATE CT 120 CARTGATE CT ADVANCE, NC 27006 ADVANCE, NC 27006 CR2E034 (11/05) 01192007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2536855 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LECHNER, BERNARD J DO NOT WRITE 2115 RANGE ROAD CLEARWATER, FL 33765 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 registering 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, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME JACKSON, PRENTICE R. STREET ADDRESS 120 CARTGATE CT CITY-ST-ZIP ADVANCE, NC 27006 TITLE NAME STREET ADDRESS U00000539204 CITY-ST-7IP 01/25/07-80018-011 150.00 TELL STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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: :

STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/17 Destina Phone 8

**FILED**