

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

Certified 1

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90728 012 \*\*\*150.00

**DOCUMENT # K49621**1. Entity Name  
PURSLEY DISTRIBUTING, INC.

Principal Place of Business

9115 58 DR E  
SUITE A  
BRADENTON, FL 34202

Mailing Address

9115 58 DR E  
SUITE A  
BRADENTON, FL 34202**DO NOT WRITE IN THIS SPACE**

04222004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0091840

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**LECKEY, PHILLIP D  
9115 58TH DRIVE EAST  
STE. A  
BRADENTON, FL 34202**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 \_\_\_\_\_

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, 2004 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	LECKEY, PHILLIP
STREET ADDRESS	9115 58TH DRIVE EAST SUITE A
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	DV
NAME	LECKEY, LINDA P.
STREET ADDRESS	9115 58TH DRIVE EAST SUITE A
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	DST
NAME	PURSLEY, TRICIA K.
STREET ADDRESS	9115 58TH DRIVE EAST SUITE A
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	AS
NAME	SANDERS, LINDA
STREET ADDRESS	9115 58TH DRIVE EAST SUITE A
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:***Linda H. Sanders, AS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

941-753-7851

Daytime Phone #