
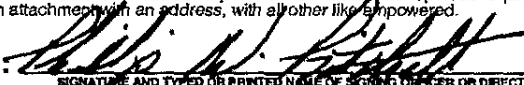


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L53312 1. Entity Name PRITCHETT PROPERTIES, INC.		
Principal Place of Business HIGHWAY 121 SOUTH P.O. BOX 311 LAKE BUTLER, FL 32054	Mailing Address HIGHWAY 121 SOUTH P.O. BOX 311 LAKE BUTLER, FL 32054	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PRITCHETT, M.H. HIGHWAY 121 SOUTH LAKE BUTLER, FL 32054		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRITCHETT, M.H. HWY 121 SOUTH LAKE BUTLER, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRITCHETT, JON W. HWY 121 SOUTH LAKE BUTLER, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, ROBIN P. HWY 121 SOUTH LAKE BUTLER, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRITCHETT, PHILLIP W. HWY 121 SOUTH LAKE BUTLER, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/27/05 (386) 496-2630 <small>Date Daytime Phone #</small>



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3104185	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000000348340
05/02/05-80020-025 150.00

**DO NOT WRITE
IN THIS SPACE**