

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 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



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3104185 Applied For
Not Applicable

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

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000529923
05/05/06-80096-004 150.00

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	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06
Date

(386) 496-2630
Office Phone #