2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2008
Secretary of State

DOCUMENT# M50151

Entity Name: PIRTLE COMPANY

Current Principal Place of Business:

5950 SW 127TH AVENUE
SOUTHWEST RANCHES, FL 33330

New Principal Place of Business:

Current Mailing Address:

5950 SW 127TH AVENUE
SOUTHWEST RANCHES, FL 33330

New Mailing Address:

FEI Number: 65-0002119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEARY, MICHAEL S
5950 SW 127TH AVENUE
SOUTHWEST RANCHES, FL 33330 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GEARY, MICHAEL S
Address: 5950 SW 127TH AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: VPD ( ) Delete
Name: GEARY, LAURA
Address: 5950 SW 127TH AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: D ( ) Delete
Name: PIRTLE, MARY KATHRYN
Address: 6201 SW 130 AVE
City-St-Zip: SOUTHWEST RANCHES, FL

Title: D ( ) Delete
Name: PIRTLE, JAMES B
Address: 6201 SW 130 AVE
City-St-Zip: SOUTHWEST RANCHES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA GEARY VP 04/06/2008

Electronic Signature of Signing Officer or Director — Date