

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018034

Entity Name: PRITCHARD INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

1301 SUNVIEW TERRACE
JENSEN BEACH, FL 34957

New Principal Place of Business:

5519 LAKE SHORE DRIVE
THORNVILLE, OH 43076

Current Mailing Address:

1441 SW DELOS AVE.
PORT ST. LUCIE, FL 34954

New Mailing Address:

5519 LAKE SHORE DRIVE
THORNVILLE, OH 43076

FEI Number: 47-0548849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHARD, LENORE E
1441 SW DELOS AVENUE
PORT ST. LUCIE, FL 34954 US

Name and Address of New Registered Agent:

PRITCHARD, LENORE E
5519 LAKE SHORE DRIVE
THORNVILLE, FL 43076 US

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:

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PRITCHARD, PHILLIP R
Address: 1441 SW DELOS AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PRITCHARD, PHILLIP R
Address: 5519 LAKE SHORE DRIVE
City-St-Zip: THORNVILLE, OH 43076

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PHILLIP R. PRITCHARD

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

Date