


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90130 030 ***150.00

DOCUMENT # P03000147525 1. Entity Name GEORGE PRUITT, INC.			
Principal Place of Business 966 50TH AVE N ST PETERSBURG, FL 33703		Mailing Address 966 50TH AVE N ST PETERSBURG, FL 33703	
2. Principal Place of Business 10401 SNUG HARBOR Rd NE Suite, Apt. #, etc. Lot 202		3. Mailing Address P.O. Box 454 Suite, Apt. #, etc.	
City & State ST. PETERSBURG FL		City & State PINEHILLS PARK FL	
Zip 33702		Zip 33780-0454	
Country		Country	
4. FEI Number 86-1090061		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRUITT, GEORGE A 966 50TH AVE N ST PETERSBURG, FL 33703		7. Name and Address of New Registered Agent Name PRUITT, GEORGE A Street Address (P.O. Box Number is Not Acceptable) 10401 SNUG HARBOR Rd N.E Lot 202 City ST. PETERSBURG FL Zip Code 33702	
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 <u><i>George A. Pruitt</i></u> GEORGE PRUITT. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME PRUITT, GEORGE STREET ADDRESS 966 50TH AVE N CITY-ST-ZIP ST PETERSBURG, FL 33703	<input type="checkbox"/> Delete	TITLE PD NAME PRUITT, GEORGE STREET ADDRESS 10401 SNUG HARBOR Rd N.E. LOT 202 CITY-ST-ZIP ST PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME PRUITT, SCOTT STREET ADDRESS 966 50TH AVE N CITY-ST-ZIP ST PETERSBURG, FL 33703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME PRUITT, NICHOLAS STREET ADDRESS 8068 23 AVE. NORTH CITY-ST-ZIP ST PETERSBURG, FL 33703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>George A. Pruitt</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/27/05</u> <small>Daytime Phone #</small>	