2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AN Secretary of State

DOCUMENT	#	P03000	147525

Entity Name
 GEORGE PRUITT, INC.



Principal Place of Business

10401 SNUG HARBOUR RD NE

LOT 202

SAINT PETERSBURG, FL 33702

Mailing Address

PO BOX 454

PINELLAS PARK, FL 33780



DO NOT WRITE IN THIS SPACE

01192007 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 86-1090061
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRUITT, GEORGE A 10401 SNUG HARBOUR RD NE LOT 202 SAINT PETERSBURG, FL 33702

DO NOT WRITE IN THIS SPACE

SAINT PE	SAINT PETERSBURG, FL 33702			IN THIS SPACE			
	named entity submits this statement for the plions of registered agent	burpose of changing its registered	d office or r	egistered agent, or both, in th	e State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and fitte	d applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution	oing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS		· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THEIL, BRUCE 1750 13 AVE N SAINT PETERSBURG, FL 33713				U00000744986 05/16/07-80010-025 150.qo		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ONLEY, DANIEL 1034 51 AVE N ST PETERSBURG, FL 33703		,		US/16/U7-8UU10-025 150.QO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRUITT, GEORGE 10401 SNUG HARBOUR RD NE, LOT SAINT PETERSBURG, FL 33702	202	,	DO NO	OT WRITE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN TH	IS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE				•			

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CATY - ST- ZIP

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07 727.68

Dayline Phone #