2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000147525

1. 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

FILED
May 01, 2008 08:00 AN
Secretary of State



DO NOT WRITE IN THIS SPACE

04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 86-1090061 Applied For 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

		•				
	named entity submits this statement for the pions of registered agent	purpose of changing its registere	d office or	registered agent, or bo	th, in the State of Florida - Lam familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	ri applicable (NOTE Registered	Agent signatur	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$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				U00000939462 05/28/08-80029-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ONLEY, DANIEL 1034 51 AVE N ST PETERSBURG, FL 33703					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRUITT, GEORGE 10401 SNUG HARBOUR RD NE. LOT 202 SAINT PETERSBURG, FL 33702			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN ⁻	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		•		
TITLE NAME						

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP

SCHATIBE AND THE OF BRINES NAME OF SICH

PRES.

4/29/08 727

727.687.940