

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90186 043 ***150.00

DOCUMENT # P04000009003

1. Entity Name

PURE ENERGY & FINANCE, INC.



Principal Place of Business

11708 N. HWY. 301
THONOTOSASSA FL 33592-2948

Mailing Address

11708 N. HWY. 301
THONOTOSASSA FL 33592-2948

2. Principal Place of Business

3. Mailing Address

P.O. Box 75283

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAMPA, FLORIDA

City & State

City & State

Zip

Country

Zip
33675

Country

HILLSBOROUGH

4. FEI Number

56-2434042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, E.V. JR.
11708 N. HWY. 301
THONOTOSASSA FL 33592-2948

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PHILLIPS, E.V. JR. ☐ Delete
STREET ADDRESS 11708 N. HWY. 301
CITY-ST-ZIP THONOTOSASSA FL 33592-2948

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME ALDERSON, ANNETTE B ☐ Delete
STREET ADDRESS 11708 N. HWY. 301
CITY-ST-ZIP THONOTOSASSA FL 33592-2948

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/05 (727)458-8979

Date

Daytime Phone #