FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90233 040 ***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

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

P.O. BOX 75283
TAMPA, FLORIDA
33675 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

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

7. Name and Address of New Registered Agent

Name
Street
City

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 hereby accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. TITLE / NAME / STREET AD / CITY-ST- — ☐ Addition

Please accept this as my filing for 2006. There are no changes to the corporate organization. E V Phillips 4/21/06

Enclosed is check # 2009 $150.00

1433
63-751/831
BRANCH 00741
H11
REMITTANCE ADVICE
REFERENCE
GROSS AMOUNT
DISCOUNT
CHECK NUMBER
1433
DOLLARS
Security features include: Details on back.
CHECK AMOUNT
$150.00
AUTHORIZED SIGNATURE
MP
:063100751:20000160622211:

accept
May Be o Fees
11 ☐ 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: E V Phillips 3/1/05 (727)458-8979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #