## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **DOCUMENT # P04000009003**

PURE ENERGY & FINANCE, INC.



**FILED** Feb 11, 2008 08:00 AM Secretary of State

**Emcapal Place of Business** 

Mailing Arldress

11708 N. HWY, 301

PO BOX 75283

THONOTOSASSA FL 33592-2948			TAMPA FL 33675			111			1311    6211  53423		
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)					
Oity & State			City & State			4. FEI Number 56-2434042 Applied For Not Applicable					
Zıp		Country	Z:p	Country		5. Certificate of Status Desired					
		7. Name and Address of New Registered Agent									
6. Name and Address of Current Registered Agent Name							- Maaroob of Mo	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
PHILLIPS, E.V. JR. 11708 N. HWY. 301											
117	08 N. HWY		Street A	ddress (P	P.O. Box Number is Not Acceptable)						
THONOTOSASSA FL 33592-2948											
				City	City			FL	Zip Cod	le	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and acce											
the obligations of registered agent, or other state or Florida. Tarmariniar with and accept											
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SIGNATURE											
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FILE NOW!!! FEE IS \$150.00 \$5.00 May										OO May Be	
After May 1, 2008 Fee Will Be \$550.00  Make Check Payable to Florida Department of State							Trust Fund C	Contribution.	☐ Adde	ed to Fees	
10.	Р	OFFICERS AND D		11.	<del></del>	ADDITIONS	/CHANGES TO C	FHCERS AND			
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under oath; that I am an efficer 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:

SI NING OFFICER OR DIRECTOR