
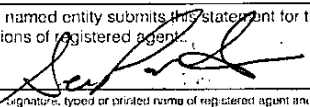
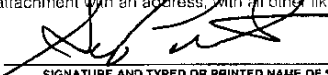


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90325 019 \*\*\*150.00

<b>DOCUMENT # P04000155458</b> 1. Entity Name <b>SEAN PRITCHARD ENTERPRISES, INC.</b>																																																																																																																			
Principal Place of Business <b>680 W INDUSTRIAL AVE #4 BOYNTON BEACH, FL 33426</b>			Mailing Address <b>680 W INDUSTRIAL AVE #4 BOYNTON BEACH, FL 33426</b>																																																																																																																
2. Principal Place of Business <b>342 SW 4 AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>342 SW 4 AVE</b> Suite, Apt. #, etc.																																																																																																																	
City & State <b>BOYNTON Bch FL</b> Zip <b>33435</b>		City & State <b>BOYNTON Bch FL</b> Zip <b>33435</b>		4. FEI Number <b>20-1956559</b>																																																																																																															
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																																																																																															
6. Name and Address of Current Registered Agent <b>YOHE, MARK D 680 W INDUSTRIAL AVE #4 BOYNTON BEACH, FL 33426</b>				7. Name and Address of New Registered Agent Name <b>SEAN PRITCHARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>342 SW 4 AVE</b> City <b>BOYNTON Bch FL</b> Zip Code <b>33435</b>																																																																																																															
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  <b>SEAN PRITCHARD</b> - PRESIDENT - <span style="float: right;">04/14/05</span> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>PRITCHARD, SEAN</td> <td>680 W INDUSTRIAL AVE #4</td> <td>BOYNTON BEACH, FL 33426</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		PRITCHARD, SEAN	680 W INDUSTRIAL AVE #4	BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/>																																									11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td>P S V P T D</td> <td></td> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition		P S V P T D			<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																
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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:  <b>SEAN PRITCHARD</b> - PRESIDENT - <span style="float: right;">04/14/05 (561) 722-4506</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																			

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