
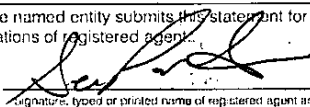
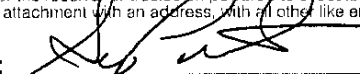


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

DOCUMENT # P04000155458			
1. Entity Name SEAN PRITCHARD ENTERPRISES, INC.			
Principal Place of Business 680 W INDUSTRIAL AVE #4 BOYNTON BEACH, FL 33426		Mailing Address 680 W INDUSTRIAL AVE #4 BOYNTON BEACH, FL 33426	
2. Principal Place of Business 342 SW 4 AVE Suite, Apt. #, etc.		3. Mailing Address 342 SW 4 AVE Suite, Apt. #, etc.	
City & State BOYNTON BCH FL		City & State BOYNTON BCH FL	
4. FEI Number 20-1956559		Applied For <input type="checkbox"/> Not Applicable	
Zip 33435		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YOHE, MARK D 680 W INDUSTRIAL AVE #4 BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name SEAN PRITCHARD Street Address (P.O. Box Number is Not Acceptable) 342 SW 4 AVE City BOYNTON BCH FL Zip Code 33435	
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  SEAN PRITCHARD - PRESIDENT - DATE 04/14/05 <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"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<del>0</del> <input type="checkbox"/> Delete	TITLE	P S V P T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITCHARD, SEAN	NAME	
STREET ADDRESS	680 W INDUSTRIAL AVE #4	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  SEAN PRITCHARD - PRESIDENT -		DATE 04/14/05 (561) 722-4506	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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04142005 Chg-P CR2E034 (10/03)