

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P06000110522

1. Entity Name
PUREGIG HOLDINGS, INC.



Principal Place of Business
807 WEST MORSE BOULEVARD
SUITE 101
WINTER PARK, FL 32789

Mailing Address
807 WEST MORSE BOULEVARD
SUITE 101
WINTER PARK, FL 32789



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5429756

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER, THOMAS S
807 WEST MORSE BLVD.
SUITE 101
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	MILLER, THOMAS S
STREET ADDRESS	807 WEST MORSE BLVD., SUITE 101
CITY-STATE-ZIP	WINTER PARK, FL 32789

TITLE	VP
NAME	MILLER, THOMAS S
STREET ADDRESS	807 WEST MORSE BLVD., SUITE 101
CITY-STATE-ZIP	WINTER PARK, FL 32789

TITLE	TREA
NAME	MILLER, THOMAS S
STREET ADDRESS	807 WEST MORSE BLVD., SUITE 101
CITY-STATE-ZIP	WINTER PARK, FL 32789

TITLE	SEC
NAME	MILLER, THOMAS S
STREET ADDRESS	807 WEST MORSE BLVD., SUITE 101
CITY-STATE-ZIP	WINTER PARK, FL 32789

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/13/08-80020-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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

Date

Daytime Phone #