2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000124999

1. Entity Name
PURCELL HOLDINGS, INC.

Principal Place of Business	Mailing Address
1550 STARKEY RD. LARGO, FL 33771	1550 STARKEY RD. LARGO, FL 33771

DO NOT WRITE IN THIS SPACE

01032008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-5912722	Not Applicable

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

6. Name and Address of Current Registered Agent

VASH, DALE W
501 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602

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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 reinstating)   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

U00000783819
01/16/08-80030-002 158.75

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	PURCELL, RAYMOND E	
STREET ADDRESS	1550 STARKEY RD.	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _Raymond E. Purcell_ Raymond E. Purcell   1-3-08   727-584-3329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #