2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 02, 2006 08:00 AN Secretary of State DOCUMENT # P92000003870 1. Entity Name S.M. PRITCHARD, INC. Principal Place of Business Mailing Address 4861 12TH AVE SW NAPLES FL 33999 4861 12TH AVE SW NAPLES FL 34116-5001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State Applied For 4. FEI Number 65-0368701 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRITCHARD, SCOTT M Street Address (P.O. Box Number is Not Acceptable) 4861 12TH ÁVE SW NAPLES FL 33999 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change PRITCHARD, SCOTT M MAME NAME UDDDDDSER993 STREET ADDRESS 4861 12TH AVENUE S.W. STREET ADDRESS 05/Ĭ?708-80Ĭ20-006 150.00 CITY-ST-ZIP NAPLES FL 33999 CITY-ST-78P TITLE ☐ Change ☐ Addition TITLE PRITCHARD, SCOTT M NAME STREET ADDRESS 4861 12TH AVENUE S.W. STREET ADDRESS NAPLES FL 33999 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-789 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby 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

SIGNATURE: Scant M. Pait Land 4-27-06 239-252-3329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Photos &

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.