


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000001509
 1. Entity Name
 M. H. PRITCHETT SPECIAL ACCOUNT, INC.



Principal Place of Business: 1050 SE 6TH STREET, LAKE BUTLER, FL 32054
 Mailing Address: P.O BOX 311, LAKE BUTLER, FL 32054



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3351228 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GAFFORD, FRANK M
 228 E DUVAL ST
 LAKE CITY, FL 32055

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000142588
 04/30/04-80056-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PRITCHETT, MARVIN H.
STREET ADDRESS	1050 S.E. 6TH STREET
CITY-ST-ZIP	LAKE BUTLER, FL
TITLE	ST
NAME	PRITCHETT, PHILLIP W.
STREET ADDRESS	1050 S.E. 6TH STREET
CITY-ST-ZIP	LAKE BUTLER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: MAH Pritchett 4/26/04 386-496-2630
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR