

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000019703

1. Entity Name
PRITCHARD ENTERPRISES, INC.



Principal Place of Business
9676 ARALIA WAY
BOYNTON BEACH, FL 33436

Mailing Address
P O BOX 610
BOYNTON BEACH, FL 33425-610 US

DO NOT WRITE IN THIS SPACE

**FILED
Jan 11, 2008 8:00 am
Secretary of State**

01-11-2008 90069 010 ***150.00



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0649514	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent
PRITCHARD, TIMOTHY J
9676 ARALIA WAY
BOYNTON BEACH, FL 33436

6. Name and Address of Current Registered Agent

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**

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME PRITCHARD, TIMOTHY J
STREET ADDRESS 9676 ARALIA WAY
CITY - ST - ZIP BOYNTON BEACH, FL 33436

TITLE DVS
NAME PRITCHARD, NADJA
STREET ADDRESS 9676 ARALIA WAY
CITY - ST - ZIP BOYNTON BEACH, FL 33436

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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: *Timothy Pritchard* **TIMOTHY PRITCHARD**
- PRESIDENT - **1-8-08** **(561) 374-0234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #