

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90015 018 \*\*\*158.75

<b>DOCUMENT # P99000038816</b> 1. Entity Name <b>PURINTON ENTERPRISES, INC.</b>																													
Principal Place of Business <b>2633 NE 6 AVE STE G FORT LAUDERDALE, FL 33334</b>			Mailing Address <b>6278 N FEDERAL HWY #493 FORT LAUDERDALE, FL 33308</b>																										
2. Principal Place of Business <b>2407 S.E. 15TH STREET</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State <b>POMPANO BEACH, FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>65-0917261</b>																									
Zip <b>33062</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent <b>PURINTON, STEVEN B % STEVEN PURINTON 2633 NE 6 AVE STE G FORT LAUDERDALE, FL 33334</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D PURINTON, STEVEN B</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>2633 NE 6TH AVE STE G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>FORT LAUDERDALE, FL 33334</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D PURINTON, STEVEN B	<input type="checkbox"/> Delete	NAME	2633 NE 6TH AVE STE G		STREET ADDRESS	FORT LAUDERDALE, FL 33334		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">T APRIL M PURINTON</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>2407 S.E. 15 ST</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>POMPANO BEACH, FLORIDA 33062</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	T APRIL M PURINTON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	2407 S.E. 15 ST		STREET ADDRESS	POMPANO BEACH, FLORIDA 33062		CITY-ST-ZIP		
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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.																													
<b>SIGNATURE:</b> <i>Steven B Purinton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4-4-04 954-275-9758 Date Daytime Phone #																									