
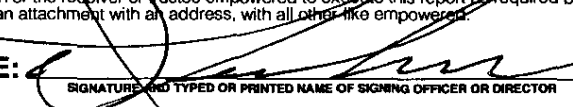


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90280 038 \*\*\*150.00

<b>DOCUMENT # P99000080083</b> 1. Entity Name <b>PURKS, INC.</b>			
Principal Place of Business <del>9023 TRADPORT DR</del> <b>ORLANDO, FL 32862</b>		Mailing Address <b>PO BOX 620636</b> <b>ORLANDO, FL 32862</b>	
2. Principal Place of Business <b>2728 TRAILS AT HIDDEN HARBOR</b> Suite, Apt. #, etc.		3. Mailing Address <b>2728 TRAILS AT HIDDEN HARBOR</b> Suite, Apt. #, etc.	
City & State <b>MERRITT ISLAND</b>		City & State <b>MERRITT ISLAND</b>	
Zip <b>32952</b>	Country <b>US</b>	Zip <b>32952</b>	Country <b>USA</b>
4. FEI Number <b>59-3599381</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PURKERSON, DAVID F</b> <b>2728 TRAILS AT HIDDEN HARBOUR</b> <del>ORLANDO, FL 32862</del>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>MERRITT ISLAND</b> <b>FL</b> Zip Code <b>32952</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!!!-FEE-IS-\$150.00</b> <b>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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> NAME <b>PURKERSON, DAVID</b> STREET ADDRESS <b>2728 TRAILS AT HIDDEN HARBOUR</b> CITY-ST-ZIP <b>MERRITT ISLAND, FL 32952</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VS</b> NAME <b>PURKERSON, LINDA</b> STREET ADDRESS <b>2728 TRAILS AT HIDDEN HARBOUR</b> CITY-ST-ZIP <b>MERRITT ISLAND, FL 32952</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/27/04</b> <b>321-426-5655</b> <small>Date Daytime Phone #</small>	