

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S76108

FILED
Apr 21, 2006
Secretary of State

Entity Name: PRITCHARDS AND ASSOCIATES, INC.

Current Principal Place of Business:

1802 S. PARROT AVE.
OKEECHOBEE, FL 349746179

New Principal Place of Business:

Current Mailing Address:

1802 S. PARROT AVE.
OKEECHOBEE, FL 349746179

New Mailing Address:

FEI Number: 65-0281145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHARD, LOWELL H PD
1802 S. PARROT AVE.
OKEECHOBEE, FL 349746179 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRITCHARD, LOWELL H.,
Address: 32801 NO U.S. 441
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: VD () Delete
Name: PRITCHARD, BRENDAN L.,
Address: 10 NW 138TH ST
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: VD () Delete
Name: PRITCHARD, MARILYN L
Address: 32801 NO U.S. 441
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: SD () Delete
Name: PRITCHARD, MICHELLE, L.
Address: 10 NW 138TH ST
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: TD () Delete
Name: MILLER, JEANETTE K
Address: 780 SW 85TH AVE
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: VD (X) Delete
Name: BARNHART, JAMES W
Address: 2207 SW 37TH AVE
City-St-Zip: OKEECHOBEE, FL 34974 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANETTE MILLER

TD

04/21/2006

Electronic Signature of Signing Officer or Director

_____ Date