## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S76108

REPORT FILED
Mar 07, 2007
Secretary of State

Entity Name: PRITCHARDS AND ASSOCIATES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1802 S. PARROT AVE. 1802 S. PARROTT AVE. OKEECHOBEE, FL 349746179 OKEECHOBEE, FL 349746179 **Current Mailing Address: New Mailing Address:** 1802 S. PARROT AVE 1802 S. PARROTT AVE OKEECHOBEE, FL 349746179 OKEECHOBEE, FL 349746179 FEI Number: 65-0281145 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRITCHARD, LOWELL H PD PRITCHARD, LOWELL H PD 1802 S. PARROT AVE. 1802 S. PARROTT AVE OKEECHOBEE, FL 349746179 US OKEECHOBEE, FL 349746179 US 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: LOWELL H. PRITCHARD 03/07/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition PRITCHARD, LOWELL H., Name: Name: 32801 NO U.S. 441 Address: Address: City-St-Zip: OKEECHOBEE, FL 34972 US City-St-Zip: VD Title: Title: () Delete () Change () Addition Name: PRITCHARD, BRENDAN L, . Name: 10 NW 138TH ST Address: Address: OKEECHOBEE, FL 34972 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: VD () Change () Addition PRITCHARD, MARILYN L Name: Name: 32801 NO U.S. 441 Address: Address: City-St-Zip: OKEECHOBEE, FL 34972 US City-St-Zip: Title: () Delete Title: () Change () Addition PRITCHARD, MICHELLE, L. Name: Name: Address: 10 NW 138TH ST Address: City-St-Zip: OKEECHOBEE, FL 34972 US City-St-Zip: Title: Title: () Delete () Change () Addition MILLER, JEANETTE K Name: Name: 780 SW 85TH AVE Address: Address: City-St-Zip: OKEECHOBEE, FL 34974 US 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.

		JEANETTE K MILLER	TD	03/07/2007
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