2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S76108

Title:

Name:

Address:

City-St-Zip:

FILED Mar 17, 2008 Secretary of State

Entity Name: PRITCHARDS AND ASSOCIATES, INC.							
Current Principal Place of Business:			New Principal Place of Business:				
	ARROTT AVE. DBEE, FL 3497	46179					
Current Mailing Address:			New Mailing Address:				
	ARROTT AVE. DBEE, FL 3497	46179					
FEI Number:	: 65-0281145	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1802 S. PA	RD, LOWELL H ARROTT AVE. DBEE, FL 3497						
	named entity s e of Florida.	ubmits this statement for the բ	ourpose of changing i	ts registered o	ffice or registered agent, or bo	oth,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	ent		Date		
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () PRITCHARD, LO 32801 NO U.S. OKEECHOBEE,	441	Title: Name: Address: City-St-Zip:				
Title: Name: Address: City-St-Zip:	VD () PRITCHARD, BI 10 NW 138TH S OKEECHOBEE,	iT ,	Title: Name: Address: City-St-Zip:				
Title: Name: Address: City-St-Zip:	VD () PRITCHARD, M. 32801 NO U.S. OKEECHOBEE,	441	Title: Name: Address: City-St-Zip:				
Title: Name: Address: City-St-Zip:	SD () PRITCHARD, M 10 NW 138TH S OKEECHOBEE,	iT	Title: Name: Address: City-St-Zip:	, ,			

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JEANETTE K. MILLER TD 03/17/2008

() Delete

OKEECHOBEE, FL 34974 US

MILLER, JEANETTE K

780 SW 85TH AVE

() Change () Addition