

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S76108

FILED  
Mar 21, 2012  
Secretary of State

**Entity Name:** PRITCHARDS AND ASSOCIATES, INC.

**Current Principal Place of Business:**

1802 S. PARROTT AVE.  
OKEECHOBEE, FL 349746179 US

**New Principal Place of Business:**

**Current Mailing Address:**

1802 S. PARROTT AVE.  
OKEECHOBEE, FL 349746179 US

**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. PARROTT 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

**OFFICERS AND DIRECTORS:**

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

Title: VD  
Name: PRITCHARD, BRENDAN L VICE  
Address: 1906 SW 5TH DRIVE  
City-St-Zip: OKEECHOBEE, FL 34974 US

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

Title: SD  
Name: PRITCHARD, MICHELLE L SEC.  
Address: 1906 SW 5TH DRIVE  
City-St-Zip: OKEECHOBEE, FL 34974 US

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

I hereby 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 all other like empowered.

SIGNATURE: JEANETTE K. MILLER

TD

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date