


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 845166</b> 1. Entity Name <b>PURCHASE CORPORATION</b>	
---	---

Principal Place of Business 4401 EAST ALOHA DRIVE DIAMONDHEAD, MS 39525 US	Mailing Address 4401 EAST ALOHA DRIVE DIAMONDHEAD, MS 39525 US
--	--



**DO NOT WRITE IN THIS SPACE**

03112004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>64-0633303</b>	Applied For 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**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOFFE, CARL H 4401 EAST ALOHA DR DIAMONDHEAD, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ALEXANDER, BILL 4401 EAST ALOHA DR DIAMONDHEAD, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, ARTIS E 4401 EAST ALOHA DR DIAMONDHEAD, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOWN, JOHN 4401 EAST ALOHA DR DIAMONDHEAD, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HECTOR, HOLCOMB P. 4401 EAST ALOHA DR DIAMONDHEAD, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000089111  
03/15/04-80038-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Billy G. Alexander Vice President of Finance 03/12/2004 228-255-7773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #