


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 845166 1. Entity Name PURCHASE CORPORATION	
---	---

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



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 64-0633303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 renewing)


FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	

000000176646
01/11/05-80005-011 150.00.

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)(i), 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, V.P.** 01/06/05 228-255-7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #