

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 622540

FILED
Jan 14, 2009
Secretary of State

Entity Name: ROB J. PEARCE CONSTRUCTION COMPANY, INC.

Current Principal Place of Business:

605 WHISPER WOODS DR
LAKELAND, FL 33813

New Principal Place of Business:

605 WHISPER WOODS DRIVE
LAKELAND, FL 33813

Current Mailing Address:

605 WHISPER WOODS DR
LAKELAND, FL 33813

New Mailing Address:

605 WHISPER WOODS DRIVE
LAKELAND, FL 33813

FEI Number: 59-1978567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARCE, R.J.,JR.
605 WHISPER WOODS AVE
LAKELAND, FL 33813 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PH () Delete
Name: PEARCE, R J, JR,
Address: 605 WHISPER WOODS DR
City-St-Zip: LAKELAND, FL 33813

Title: VP () Delete
Name: PEARCE, ROBERT H
Address: 5454 SOUTHBROOK DRIVE
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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.

SIGNATURE: ROBERT H. PEARCE

VP

01/14/2009

Electronic Signature of Signing Officer or Director

Date