


FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90031 014 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H44461
 1. Entity Name
KEVIN PEARCE & CO., INC.



44006191

Principal Place of Business
150 COUNTY RD 546 W
P O BOX 1477
LAKE HAMILTON, FL 33851 US

Mailing Address
P.O. BOX 1477
P O BOX 1477
HAINES CITY, FL 33845-1477 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-2504487

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

01202004 Chg-P CR2E034 (10/03)

Applied For
 Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

PEARCE, KEVIN E.
150 WEST STATE ROAD 546
LAKE HAMILTON, FL 33851

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **PEARCE, KEVIN E**
 STREET ADDRESS **PO BOX 1477**
 CITY-ST-ZIP **HAINES CITY, FL 33845**

TITLE Change Addition
 NAME **P Pearce, Kevin E**
 STREET ADDRESS **616 Goodsprings Rd.**
 CITY-ST-ZIP **Brentwood, TN 37027**

TITLE **VP** Delete
 NAME **PEARCE, SUSAN H**
 STREET ADDRESS **PO BOX 1477**
 CITY-ST-ZIP **HAINES CITY, FL 33845**

TITLE Change Addition
 NAME **V Pearce, Susan H**
 STREET ADDRESS **616 Goodsprings Rd**
 CITY-ST-ZIP **Brentwood, TN 37027**

TITLE **S** Delete
 NAME **PEARCE, PATTY J**
 STREET ADDRESS **PO BOX 1477**
 CITY-ST-ZIP **HAINES CITY, FL 33845**

TITLE Change Addition
 NAME **ST Pearce, Patty J**
 STREET ADDRESS **273 Ruby Lake Lane**
 CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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 another like empowered.

SIGNATURE: Kevin Pearce **Kevin Pearce** **1-23-04** **615-376-6307**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #