
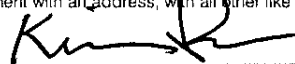


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90042 013 \*\*\*158.75

<b>DOCUMENT # H52296</b> 1. Entity Name <b>WARREN PEARCE &amp; CO., INC.</b>					
Principal Place of Business <b>150 W STATE RD 546</b> <del>P.O. BOX 1477</del> <b>HAINES CITY, FL 33845</b> US			Mailing Address <b>P O BOX 1477</b> <b>HAINES CITY, FL 33845</b> US		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State <b>Lake Hamilton, FL</b>			City & State City & State		
Zip <b>33851</b>			Zip Zip		
Country Country			4. FEI Number <b>59-2505167</b>		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			Applied For Not Applicable		
\$8.75 Additional Fee Required			01202004    Chg-P    CR2E034 (10/03)		
6. Name and Address of Current Registered Agent  <b>PEARCE, PATTY</b> <b>150 W STATE RD 546</b> <b>LAKE HAMILTON, FL 33851</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>PEARCE, KEVIN</b> <b>616 GOOD SPRINGS RD.</b> <b>BRENTWOOD, TN 37027</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>MULLEN, KIMBERLY</b> <b>56 SKID MORE RD.</b> <b>WINTER HAVEN, FL 33884</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>GEOS</del> <b>PEARCE, PATTY</b> <b>243 RUBY LAKE LANE</b> <b>WINTER HAVEN, FL 33884</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>Pearce, Patty</b> <b>273 Ruby Lake Lane</b> <b>Winter Haven, FL 33884</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MULLEN, KIMBERLY</b> <b>316 RUBY LAKE DR.</b> <b>WINTER HAVEN, FL 33884</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>Kevin Pearce</b> 1-23-04    615-376-6307 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

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