

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90458 032 ***158.75

DOCUMENT # H52296 1. Entity Name WARREN PEARCE & CO., INC.					
Principal Place of Business 150 W STATE RD 546 P.O. BOX 1477 LAKE HAMILTON, FL 33851 US			Mailing Address P O BOX 1477 HAINES CITY, FL 33845 US		
2. Principal Place of Business 150 Koko Mo Rd		3. Mailing Address Suite, Apt. #, etc.			
City & State LAKE Hamilton FL		City & State Suite, Apt. #, etc.		4. FEI Number 59-2505167	
Zip 33851		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEARCE, PATTY 150 W STATE RD 546 LAKE HAMILTON, FL 33851				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 150 Koko Mo Rd City LAKE Hamilton FL Zip Code 33851	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME PEARCE, KEVIN STREET ADDRESS 616 GOOD SPRINGS RD. CITY-ST-ZIP BRENTWOOD, TN 37027	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME MULLEN, KIMBERLY STREET ADDRESS 56 SKID MORE RD. CITY-ST-ZIP WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CEOS / Sec NAME PEARCE, PATTY STREET ADDRESS 273 RUBY LAKE LANE CITY-ST-ZIP WINTER HAVEN, FL 33884	<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	
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 exemptions contained 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 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: <u>Patty Pearce</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/14/06</u> Daytime Phone # <u>863-439-7691</u>		

50015593



04142006 Chg-P CR2E034 (11/05)