


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # H99411
 1. Entity Name
 WARREN PEARCE TRUCK BROKERS, INC.



Principal Place of Business Mailing Address
 150 W STATE RD 546 P O BOX 1477
 P.O. BOX 1477 HAINES CITY, FL 33845 US
 LAKE HAMILTON, FL 33851 US

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2628834 Not Applicable

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

6. Name and Address of Current Registered Agent

PEARCE, PATTY
 150 W STATE RD 546
 LAKE HAMILTON, FL 33851

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------|
| TITLE | ST |
| NAME | PEARCE, PATTY |
| STREET ADDRESS | 273 RUBY LAKE LANE |
| CITY - ST - ZIP | WINTER HAVEN, FL 33884 |
| TITLE | P |
| NAME | PEARCE, KEVIN E. |
| STREET ADDRESS | 616 GOODSPRINGS RD. |
| CITY - ST - ZIP | BRENTWOOD, TN 37027 |
| TITLE | V |
| NAME | MULLEN, KIMBERLY |
| STREET ADDRESS | 56 S KIDMORE RD. |
| CITY - ST - ZIP | WINTER HAVEN, FL 33884 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

DO NOT WRITE IN THIS SPACE

000000308544
 04/16/05-80002-004 158.75

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: Kimberly Mullen 4-6-05 615-376-6307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #