

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # K02276		
1. Entity Name PEARSON INDUSTRIES, INC.		

Principal Place of Business 15002 CORTEZ BLVD. BROOKSVILLE FL 34613-3068	Mailing Address 15002 CORTEZ BLVD. BROOKSVILLE FL 34613-3068
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2859161	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSTON, DARRYL W ESQ. 29 SOUTH BROOKSVILLE AVENUE BROOKSVILLE FL 34601

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

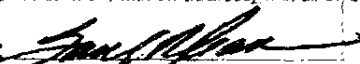
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reconstituting)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	STD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	PEARSON, STEVEN W.			NAME			
STREET ADDRESS	2178 MARINER BLVD.			STREET ADDRESS			
CITY- ST- ZIP	SPRING HILL FL			CITY- ST- ZIP			
TITLE	PD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	PEARSON, SAMUEL RICHARD			NAME			
STREET ADDRESS	14354 SNOW MEMORIAL HWY			STREET ADDRESS			
CITY- ST- ZIP	BROOKSVILLE FL			CITY- ST- ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	PEARSON, DOROTHY G.			NAME			
STREET ADDRESS	3258 MINNOW CREEK DR.			STREET ADDRESS			
CITY- ST- ZIP	SPRING HILL FL			CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	/Samuel R Pearson, President	2-07-06	352-799-0057
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