## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P03000006965 03-27-2008 90030 034 \*\*\*150.00 1. Entity Name PIERCE MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address 4000-323 BUTTONWOOD LN 323 BUTTONWOOD LN TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252008 CR2E034 (12/06) City & State City & State 4 FEI Number Applied For 59-3764582 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LINDSEY, WM. SCOTT Street Address (P.O. Box Number is Not Acceptable) 1407 PIEDMONT DRIVE EAST TALLAHASSEE, FL 32308 City 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 Signature; typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PIERCE, ROBERT L NAME NAME 323 BUTTON WOOD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32317 CITY-ST-ZIP DS □ Delete TITLE ☐ Change ☐ Addition PIERCE, DIANN NAME NAME 323 BUTTONWOOD LN STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32317 CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change — - ☐ Addition TITLE NAME PIERCE, MARK R NAME STREET ADDRESS 323 BUTTONWOOD LN STREET ADDRESS TALLAHASSEE, FL 32317 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition 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 filling 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 of an attachment with an address, with all other like empowered.

Robert L. Pierce-Pres. 3:25-08
Reinted NAME OF SISHING OFFICER
DATE

SIGNATI ÌRE:

**FILED** 

Mar 27, 2008 8:00 am

BSO. 219.0800 DAYTIME PhoNE