


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000004880

1. Entity Name
R PEARCE FLOORING, INC.



Principal Place of Business
**800 LAKE APTHORP DR
LAKE PLACID, FL 33852**

Mailing Address
**800 LAKE APTHORP DR
LAKE PLACID, FL 33852**



04272006 No Chg-P CR2E034 (11/05)

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4. FEI Number
56-2425453

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**PEARCE, RONALD L
800 LAKE APTHORP DR
LAKE PLACID, FL 33852**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when returning)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARCE, RONALD L 800 LAKE APTHORP DR LAKE PLACID, FL 33852
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05/11/06-20038-004 150.00

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IN THIS SPACE**

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: Ronald L Pearce - **RONALD L PEARCE** 2/28/06 286341659.
SIGNATURE AND TYPED OR PRINTED NAME OF STATING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____