

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90016 043 ***150.00

DOCUMENT # P04000113208 1. Entity Name SHANE PIERCE, INC.			
Principal Place of Business 710 CAMARAGUE PLACE #200 LAKE MARY, FL 32746		Mailing Address 710 CAMARAGUE PLACE #200 LAKE MARY, FL 32746	
2. Principal Place of Business 2801 E. NEW YORK AVE Suite, Apt. #, etc.		3. Mailing Address 803 W. HIGHLAND AVE Suite, Apt. #, etc.	
City & State DELAND, FL Zip 32720		City & State DELAND, FL Zip 32720	
Country VOLUSIA		Country VOLUSIA	
4. FEI Number 20-1474833		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASMA, WILLIAM A 884 S DILLARD STREET WINTER GARDEN, FL 34787		7. Name and Address of New Registered Agent Name SHANE PIERCE Street Address (P.O. Box Number is Not Acceptable) 803 W. HIGHLAND AVE City DELAND State FL Zip 32720	
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 <u><i>Shane Pierce</i></u> DATE <u>1/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY - ST - ZIP	D PIERCE, SHANE 710 CAMARAGUE PLACE #200 LAKE MARY, FL 32746	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete PRES PIERCE SHANE 803 W. HIGHLAND AVE DELAND, FL 32720
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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 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: <u><i>Shane Pierce</i></u>		Date <u>1/25/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	

40007853



01252005 Chg-P CR2E034 (10/03)