

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000054182

**Entity Name:** RALPH PIERCE PA

**Current Principal Place of Business:**

322 KILLARNEY RD  
NICEVILLE, FL 32578

**FILED**  
**Apr 24, 2014**  
**Secretary of State**  
**CC6489506380**

**Current Mailing Address:**

322 KILLARNEY RD  
NICEVILLE, FL 32578 US

**FEI Number:** 26-2721151

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PIERCE, RALPH A  
322 KILLARNEY RD  
NICEVILLE, FL 32578 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name PIERCE, RALPH A  
Address 322 KILLARNEY RD.  
City-State-Zip: NICEVILLE FL 32578

Title VP  
Name PIERCE, RALPH A  
Address 322 KILLARNEY RD.  
City-State-Zip: NICEVILLE FL 32578

Title TRES  
Name PIERCE, RALPH A  
Address 322 KILLARNEY RD.  
City-State-Zip: NICEVILLE FL 32578

Title SEC.  
Name PIERCE, RALPH A  
Address 322 KILLARNEY RD.  
City-State-Zip: NICEVILLE FL 32578

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RALPH A PIERCE

**PRESIDENT**

**04/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date