## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2008 8:00 am Secretary of State

DOCUMENT # 555074  1. Entity Name G. STANFORD PIERCE, D.C., P.A.				05-05-2008 90247 017 ***150.00				
Principal Place	e of Business	Mailing Address		1 10				
6155 18TH STREET NORTH 6155 18TH STREET NORTH				,				
SUITE A SUITE A								
ST. PETERSBURG, FL 33714-1507 US ST. PETERSBURG, FL 33714-15			3714-1507 US		I Birbi Biili Bbiri (Bbir Bris Cist	Cigir gibir bibir gigil bibir bib		
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address						
	- 62nd Ave N	2201 - 42nd	Ave N	131111111111111111111111111111111111111	MINE BILL BEIN INN INN INN INN INN INN INN INN INN	8  D     8  8     8  8     8    8		
Suite, Apt.		Suite, Apt. #, etc.		05012008	Chg-P	CR2E034 (12/06)		
City 9 Ctat		City & State		a FELM			plied For	
City & State	tersburg, FL	St. Petersbur	, Fl	4. FEI Numbe 59-184		<del></del>	oplied For of Applicable	
Zip	Dountry		Country	·		\$0.7E		
3370		33702	USA	5. Certificate	of Status Desired	Fee Require	d	
	6. Name and Address of Current F	Registered Agent	Name	7. Name and	Address of New R	egistered Agent	· · · ·	
PIERCE G	3. STANFORD	•	rvame					
6721-23RE	STREET NORTH		Street Address	(P.O. Box Number	er is Not Acceptable	2)		
ST. PETER	RSBURG, FL 33702		2201 -1	Lna rvei	rue N			
].								
;··			CitySt. ?	tersburg		FL Zip Cod		
	named entity submits this statement for	the purpose of changing its re	egistered office or registe	ered agent, or 🐿	h, in the State of Flo	orida. I am familiar with,	and accept	
the boligat	ions of registered agent.							
SIGNATURE_								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature require	ed wrien reinstating)		DATE		
FILI	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib		5.00 May Be Ided to Fees			:	
10.	OFFICERS AND I	DIRECTORS	11,	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE	PD	☐ Delote	TITLE			Change	☐ Addition	
NAME	PIERCE, G. STANFORD		NAME					
STREET ADDRESS CITY-ST-ZIP	6721 23RD STREET N ST. PETERSBURG, FL		STREET ADDRESS CITY-ST-ZIP					
TITLE	VTS	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	PIERCE, JUDITH M	LT Delete	NAME			Change	Audition	
STREET ADDRESS	6721 23RD STREET NORTH		STREET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG, FL 33702		CITY-ST-ZIP			• •		
TITLE	V	☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS	PIERCE, G STANFORD JR 5700 TANGLEWOOD DR NE	-	NAME STREET ADDRESS					
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	}	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME			<b>3 3</b> .		
STREET ADDRESS.			STREET ADDRESS					
CITY-ST-ZiP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZiP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
	pertify that the information associad with	this filling done not smallfulful	<u> </u>	ad in Chapter 117	Florida Ctatutas	further certify that the !	nformatic=	
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 chapter of the corporation of the corporation of the corporation of the receiver of 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 the production of the corporation of the corporation of the receiver of 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 the production of the corporation of the receiver of 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 the production of the corporation of the receiver of 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 the production of the corporation of the receiver of the								

SIGNATURE: Quidat M Parie	/	4/30/08	/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #