


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90058 013 ***150.00

DOCUMENT # 622540	
1. Entity Name ROB J. PEARCE CONSTRUCTION COMPANY, INC.	

Principal Place of Business 645 WHISPER WOODS DR. LAKELAND FL 33813	Mailing Address 645 WHISPER WOODS DR. LAKELAND FL 33813
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2. Principal Place of Business 605 WHISPER WOODS DR.	3. Mailing Address 605 WHISPER WOODS DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State LAKELAND, FL.	City & State LAKELAND, FL.
Zip 33813	Zip 33813
Country POLK	Country POLK



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent PEARCE, R.J., JR. 645 WHISPER WOODS DR. LAKELAND FL 33813	7. Name and Address of New Registered Agent Name PEARCE, R.J., JR. Street Address (P.O. Box Number is Not Acceptable) 605 WHISPER WOODS DR. City LAKELAND FL 33813
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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 *Robert J. Pearce, Jr.* **ROBERT J. PEARCE, JR. PRESIDENT 2-8-05**
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEARCE, R J, JR 5450 KINGS MONT DRIVE LAKELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PH PEARCE, R.J., JR 605 WHISPER WOODS DR. LAKELAND, FL 33813 <input checked="" 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 type="checkbox"/> Addition
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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: *Robert J. Pearce, Jr.* **ROBERT J. PEARCE, JR 2-8-05 (863) 644-5591**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #