

FILED
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Secretary of State

02-02-2004 90031 014 ***158.75

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H44461

1. Entity Name
KEVIN PEARCE & CO., INC.



44006191



01202004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2504487

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

PEARCE, KEVIN E.
150 WEST STATE ROAD 546
LAKE HAMILTON, FL 33851

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	<input type="checkbox"/> Delete
P	PEARCE, KEVIN E	PO BOX 1477	HAINES CITY, FL 33845	<input type="checkbox"/>
VP	PEARCE, SUSAN H	PO BOX 1477	HAINES CITY, FL 33845	<input type="checkbox"/>
S	PEARCE, PATTY J	PO BOX 1477	HAINES CITY, FL 33845	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	Pearce, Kevin E	616 Goodsprings Rd.	Brentwood, TN 37027	<input checked="" type="checkbox"/>
VP	Pearce, Susan H	616 Goodsprings Rd	Brentwood, TN 37027	<input checked="" type="checkbox"/>
ST	Pearce, Patty J	273 Ruby Lake Lane	Winter Haven, FL 33884	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin Pearce 1-23-04

Date

Daytime Phone #

615-376-6307