2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2004 8:00 am Secretary of State

DOCUMENT # H44461 1. Entity Name KEVIN PEARCE & CO., INC.			02-02-2004 90031 014 ***158.75		
Principal Place of Business	Mailing Address		44006191		
150 COUNTY RD 546 W	P.O. BOX 1477				
P O BOX 1477	P 0 BOX 1477	IE 1477 HC			
LAKE HAMILITON, FL 33851 US	HAINES CITY, FL 3384	15-14// US	ו המשונים ולחום ולחום ולחום ולחום ולחום ולחום למנו לחום למנום הוחום הוחום ולחום ווחם לחום ולחום ווחם לחום ולחום		
2. Principal Place of Business	3. Mailing Address	·			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>	01202004 Chg-R CR2E034 (10/ <u>03</u>)		
City & State	City & State		4. FEI Number Applied For		
		·	59-2504487 Not Approaple		
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
DEADCE VEVINE		Name	` `		
PEARCE, KEVIN E. 150 WEST STATE ROAD 546		Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
LAKE HAMILTON, FL 33851					
		City	Zip Code		
8. The above named entity submits this statement to	the numase of changing ite		registered agent, or both, in the State of Florida. I am familiar with, and accept		
the obligations of registered agent.	parpess or origing its	. Ugiatored office of I	to a second or own, in the state of the date of an infiliation man, and decopt		
SIGNATURE					
Signature, typed or printed name of registered agent a	ind title if applicable. (NOT	E: Registered Agent signatur	re-required when reinstating) DATE		
FILE NOWINFEE IS \$150:00 After May 1, 2004 Fee will be \$550.0		/ lgn-Financing	\$5:00 May Be Added to Fees		
10. OFFICERS AND		111.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	Delete	7170 C	P - Tithanna D Addition		
NAME PEARCE, KEVIN E	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	NAME	Pearce Kevin E 616 Goodsprings Rd.		
STREET ADDRESS PO BOX 1477 CITY-ST-ZIP HAINES CITY, FL 33845	1	STREET ADDRESS CITY-ST-ZIP	Brentwood, TN 37027		
TITLE VP	Delete	TITLE	hands		
NAME PEARCE, SUSAN H	_ Details	NAME	Pearce, Susan H DI		
STREET ADDRESS PO BOX 1477	1	STREET ADDRESS	Pearce, Susan H 616 Goodsprings Rd Brentwood, TN 37027		
CITY-ST-ZIP HAINES CITY, FL 33845			ST Change PAddition		
NAME PEARCE, PATTY J	C) Delete	TITLE NAME	Peorce, Patty		
STREET ADDRESS PO BOX 1477		STREET ADDRESS	273 Ruby La Ke Lane Winter Haven, FL 33884		
CITY-ST-ZIP HAINES CITY, FL 33845			Winter Haven, FL 33884		
NAME	Delete —	NAME	☐ Change- ☐ Addition		
STREET ADDRESS	į	STREET ADDRESS			
CITY-S1-ZIP	/	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE .	☐ Change ☐ Addition		
NAME STREET ADDRESS	, / /	NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME STREET ADDRESS			
STREET ADDRESS City-St-Zip		CITY-ST-ZIP			
	of the Pitcher of the American Street		ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information are the same legal affect as if made under path; that I am an officer or director		
of the corporation or the receiver or trusted employaged or on an attachment with an additional	owered to execute this report with abother like empowered	as required by Char	ed in Section 119.07(3)(f), Fiorida Statutes. Horitar certificina the immatch ave the same legal effect as if made under oath; that I am an officer or director pter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if		
shanged, or on an ausoninent with an autoress.	T J mile dispowered	· ·			
SIGNATURE:	N /	b/	in Pearco 1-23-04 615-376-63		