

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90097 001 ***158.75

DOCUMENT # H44461 1. Entity Name KEVIN PEARCE & CO., INC.			
Principal Place of Business 150 COUNTY RD 546 W P O BOX 1477 LAKE HAMILTON, FL 33851 US		Mailing Address P.O. BOX 1477 P O BOX 1477 HAINES CITY, FL 33845-1477 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <div style="text-align: right; font-size: 1.2em;">K PEARCE</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <div style="text-align: right; font-size: 1.2em;">616 Good Springs Rd.</div>	
City & State		City & State <div style="text-align: right; font-size: 1.2em;">Brentwood, TN</div>	
Zip	Country	Zip <div style="text-align: right; font-size: 1.2em;">37027</div>	Country <div style="text-align: right; font-size: 1.2em;">USA</div>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PEARCE, KEVIN E. 150 WEST STATE ROAD 546 LAKE HAMILTON, FL 33851		Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P PEARCE, KEVIN E 616 GOODSPRINGS RD. BRENTWOOD, TN 37027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEARCE, SUSAN H 616 GOODSPRINGS RD. BRENTWOOD, TN 37027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEORCE, PATTY J 273 RUBY LAKE LANE WINTER HAVEN, FL 33884	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
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
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 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		2-16-08 615-376-8357	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	