


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90042 012 \*\*\*158.75

<b>DOCUMENT # H99411</b> 1. Entity Name <b>WARREN PEARCE TRUCK BROKERS, INC.</b>																																																																																																																																																					
Principal Place of Business <b>150 W STATE RD 546</b> <b>P.O. BOX 1477</b> <b>HAINES CITY, FL 33845- US</b>			Mailing Address <b>P O BOX 1477</b> <b>HAINES CITY, FL 33845 US</b>																																																																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																		
City & State <b>Lake Hamilton, FL</b>			City & State City & State																																																																																																																																																		
Zip <b>33851</b>			Country																																																																																																																																																		
4. FEI Number <b>59-2628834</b>			Applied For Not Applicable																																																																																																																																																		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75</b> Additional Fee Required																																																																																																																																																		
6. Name and Address of Current Registered Agent  <b>PEARCE, PATTY</b> <b>150 W STATE RD 546</b> <b>LAKE HAMILTON, FL 33851</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. 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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: <u>Kevin Pearce</u> <b>Kevin Pearce</b> 1-23-04 615-376-6307 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					