



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90458 033 \*\*\*158.75

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # H99411</b><br>1. Entity Name<br><b>WARREN PEARCE TRUCK BROKERS, INC.</b>   |   |   |  |             |  |
| Principal Place of Business<br><b>150 W STATE RD 546</b><br><b>P.O. BOX 1477</b><br><b>LAKE HAMILTON, FL 33851 US</b>  |   |   | Mailing Address<br><b>P O BOX 1477</b><br><b>HAINES CITY, FL 33845 US</b>  |  |  |
| 2. Principal Place of Business<br><b>150 Kokomo RD</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |  |  |
| City & State<br><b>LAKE HAMILTON FL</b><br>Zip<br><b>33851</b>   |   | City & State<br>Zip<br>Country  |  | 4. FEI Number<br><b>59-2628834</b><br>Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |   |  | 04142008 Chg-P CR2E034 (11/05)   |  |
| 6. Name and Address of Current Registered Agent<br><b>PEARCE, PATTY</b><br><b>150 W STATE RD 546</b><br><b>LAKE HAMILTON, FL 33851</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>150 Kokomo RD</b><br>City <b>LAKE HAMILTON</b> <b>FL</b> Zip Code <b>33851</b> |  |  |
| 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 renating) DATE _____   |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>ST</b><br><b>PEARCE, PATTY</b><br><b>273 RUBY LAKE LANE</b><br><b>WINTER HAVEN, FL 33884</b> | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>PEARCE, KEVIN E.</b><br><b>616 GOODSPRINGS RD.</b><br><b>BRENTWOOD, TN 37027</b> | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V</b><br><b>MULLEN, KIMBERLY</b><br><b>56 S KIDMORE RD.</b><br><b>WINTER HAVEN, FL 33884</b> | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <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. |   |   |  |  |  |
| <b>SIGNATURE:</b>   |   | <b>4/14/06 863-439-7691</b><br>Date Daytime Phone #   |  |  |  |