



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # J30193</b>	
1. Entity Name PEARSON'S SCRAP YARD, INC.	

Principal Place of Business C/O JULIUS PEARSON 2615 29TH STREET EAST PALMETTO, FL 34221	Mailing Address C/O JULIUS PEARSON 2615 29TH STREET EAST PALMETTO, FL 34221
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04032008	No Chg-P CR2E034 (11/05)
4. FEI Number 59-2717054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  PEARSON, JULIUS ROUTE 4, 2615 29TH STREET EAST PALMETTO, FL 34221	DO NOT WRITE IN THIS SPACE
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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.

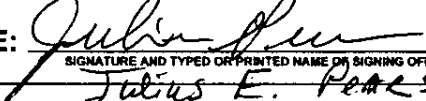
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000892193 04/16/08-80030-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEARSON, JULIUS 2615 29TH ST. E PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARSON, DONNA 2615 29TH ST. E PALMETTO, FL 34221
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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>President</b> 4/4/08 941-722-5303
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Julius E. Pearson	<small>Date Daytime Phone #</small>