## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K02276

City-St-Zip:

SPRING HILL, FL

FILED Jan 20, 2009 Secretary of State

Entity Name: PEARSC	N INDUSTRIES, INC.			
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
15002 CORTEZ BLVD. BROOKSVILLE, FL 346	133068			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
15002 CORTEZ BLVD. BROOKSVILLE, FL 346	133068			
FEI Number: 59-2859161	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
JOHNSTON, DARRYL V 29 SOUTH BROOKSVIL BROOKSVILLE, FL 346	LE AVENUE			
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	

Title: Title: ( ) Delete (X) Change ( ) Addition PEARSON, STEVEN W., PEARSON, STEVEN W., Name: Name: 2178 MARINER BLVD. 2178 MARINER BLVD. Address: Address: City-St-Zip: SPRING HILL, FL City-St-Zip: SPRING HILL, FL 34609 US Title: () Delete Title: (X) Change ( ) Addition PEARSON, SAMUEL RICH, ARD PEARSON, SAMUEL RICH, ARD Name: Name: Address: 14354 SNOW MEMEORIAL HWY Address: 14354 SNOW MEMEORIAL HWY BROOKSVILLE, FL BROOKSVILLE, FL 34613 US City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition Name: PEARSON, DOROTHY G., Name: Address: 3258 MINNOW CREEK DR. Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SAMUEL R. PEARSON PD 01/20/2009