


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01272**  
 1. Entity Name  
**PEIRCE & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
**915 OLD DIXIE HWY SW**      **915 OLD DIXIE HWY SW**  
**VERO BEACH, FL 32962**      **VERO BEACH, FL 32962**



01072004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0132731**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HENDRIX, C. KENNON, ESQ.**  
**1443 20TH STREET**  
**SUITE F**  
**VERO BEACH, FL 32960**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	BIBO, WILLIAM A
STREET ADDRESS	915 OLD DIXIE HWY SW
CITY-ST-ZIP	VERO BEACH, FL
TITLE	PD
NAME	PEIRCE, MARK D.
STREET ADDRESS	915 OLD DIXIE HWY SW
CITY-ST-ZIP	VERO BEACH, FL
TITLE	DST
NAME	PEIRCE, DALE E.
STREET ADDRESS	915 OLD DIXIE HWY SW
CITY-ST-ZIP	VERO BEACH, FL
TITLE	DV
NAME	PEIRCE, GARY S.
STREET ADDRESS	915 OLD DIXIE HWY SW
CITY-ST-ZIP	VERO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: D. E. Peirce    Dale E. Peirce    1/13/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    (772) 567-7402    Daytime Phone #