


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 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

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0132731** Applied For
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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IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BIBO, WILLIAM A 915 OLD DIXIE HWY SW VERO BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PEIRCE, MARK D. 915 OLD DIXIE HWY SW VERO BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST PEIRCE, DALE E. 915 OLD DIXIE HWY SW VERO BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV PEIRCE, GARY S. 915 OLD DIXIE HWY SW VERO BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/14/05-80010-012 150.00

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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: DE Peirce Sec/Treas. 1/10/05 972 667-1402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #