



2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L01272					
1. Entity Name PEIRCE & ASSOCIATES, INC.					
Principal Place of Business 915 OLD DIXIE HWY SW VERO BEACH FL 32962		Mailing Address 915 OLD DIXIE HWY SW VERO BEACH FL 32962			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1st MOORE CR2E034 (10/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0132731	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PEIRCE, MARK D 915 OLD DIXIE HWY S.W VERO BEACH FL 32962				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIBO, WILLIAM A 915 OLD DIXIE HWY SW VERO BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000610785 02/02/07-80035-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEIRCE, MARK D. 915 OLD DIXIE HWY SW VERO BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PEIRCE, DALE E. 915 OLD DIXIE HWY SW VERO BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PEIRCE, GARY S. 915 OLD DIXIE HWY SW VERO BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Section 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.

SIGNATURE: *Dale E. Peirce* Dale E. Peirce 1/25/07 (772) 577-1402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #