


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000007680

1. Entity Name
PEARCO, LLC



Principal Place of Business 141 GREENFIELD ROAD WINTER HAVEN FL 33884	Mailing Address 141 GREENFIELD ROAD WINTER HAVEN FL 33884
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.

City & State	City & State	4. FEI Number 05-0558054	Applied For <input type="checkbox"/>
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

5. Certificate of Status Desired **\$5.00** Additional Fee Required

Applied For Not Applicable

6. Name and Address of Current Registered Agent

**PEARSON, PORTER F
 141 GREENFIELD ROAD
 WINTER HAVEN FL 33884**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PEARSON, PORTER 141 GREENFIELD ROAD WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 02/18/05-80037-012 50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Porter F Pearson **2/15/05 863 206 7138**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #