


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State


02-16-2004 90042 021 ***150.00

DOCUMENT # P01000016474	
1. Entity Name THOMAS-PIERCE & COMPANY, INC.	

Principal Place of Business 3500 FINANCIAL PLAZA 4TH FLOOR TALLAHASSEE, FL 32312	Mailing Address 3500 FINANCIAL PLAZA 4TH FLOOR TALLAHASSEE, FL 32312
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

24010980



02072004 Chg-P CR2E034 (10/03)

4. FEI Number 31-1753419	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
DIAMANTIS, CHRISTOPHER E 3500 FINANCIAL PLAZA 4TH FLOOR TALLAHASSEE, FL 32312	

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.

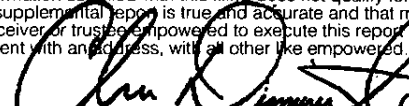
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	DIAMANTIS, CHRISTOPHER E
STREET ADDRESS	3500 FINANCIAL PLAZA
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	P <input type="checkbox"/> Delete
NAME	BALLMAN, KYLE M
STREET ADDRESS	3500 FINANCIAL PLAZA 4TH FLOOR
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kyle M. Bollman
STREET ADDRESS	3500 Financial Plz. 4th FL
CITY-ST-ZIP	Tallahassee FL 32312
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **Chris E. Diamantis** **2/5/04** **(850) 894-4957**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #