2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/5/2(

FILED
Sep 14, 2004 8:00 am
Secretary of State
08-05-2004 90003 032 ***150.00

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MOORE CR2E034 (4/04)

DOCUMENT # P01000029266

1. Entity Name

PIERCE EXPRESS INC.

Principal Place of Business	Mailing Address
1510 LANCASTER AVE. LEESBURG FL 34748	PO BOX 491705 LEESBURG FL 34747

2. Principal Place of Business	3. Mailing Address
2112 Parkview Ave	2112 Parkview Ave
Suite, Apt. #, etc. Leesburg	Suite, Apt. #, etc. Leesburg
City & State FL	City & State FL
Zip 34748 Country Lake	Zip 34748 Country Lake

4. FEI Number 26-2753483 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILMER, TONY L
2112 PARK VERE AVE
LEESBURG FL 34749

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

FILE NOW!!! FEE IS $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☑

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	D GILMER, TONY L 1510 LANCASTER AVE. LEESBURG FL 34748	☐ Delete	D Gilmer, Prince Ann (wife) 2112 Parkview Ave Leesburg, FL 34748	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Prince Ann Gilmer 2112 Parkview Ave Leesburg, FL 34748	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Tony Lonell Gilmer 7-28-04 352-255-8723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Tony Gilmer 8723