

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 26, 2004 08:00 AM**  
**Secretary of State**

|                                                        |                                                                                   |
|--------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> P01000041532                         |  |
| <b>1. Entity Name</b><br>DENNIS PIERCE TRANSPORT, INC. |                                                                                   |

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>333 E CHARLOTTE STREET<br>WINTER GARDEN, FL 34787 | <b>Mailing Address</b><br>333 E CHARLOTTE STREET<br>WINTER GARDEN, FL 34787 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|



07172004 No Chg-P CR2E034 (10/03)

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|                                                                                                        |                                                                                               |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>4. FEI Number</b><br>59-3716100                                                                     | <input type="checkbox"/> <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b> |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                                               |

|                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>PIERCE, DENNIS E<br>1500 GEORGIA AVE<br>FT PIERCE, FL 34950 |
|---------------------------------------------------------------------------------------------------------------------------|

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**6. 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** \_\_\_\_\_ Signature of Registered Agent or Secretary of State **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

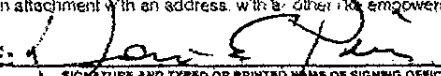
**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

000000170920  
08/26/04-80003-002 550.00

| 10. OFFICERS AND DIRECTORS                                                 |                                                                                   |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY ST ZIP</b> | <b>D</b><br>PIERCE, DENNIS E<br>333 E CHARLOTTE STREET<br>WINTER GARDEN, FL 34787 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY ST ZIP</b> |                                                                                   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY ST ZIP</b> |                                                                                   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY ST ZIP</b> |                                                                                   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY ST ZIP</b> |                                                                                   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY ST ZIP</b> |                                                                                   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY ST ZIP</b> |                                                                                   |

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplement 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, on an attachment with an address, with a date, other than empowered.**

**SIGNATURE:**  **8-24-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR