

FILED Apr 29, 2004 08:00 AM Secretary of State

	AITHOAL		1 C ' CC '					
DOCUMENT # P0100056425 1. Entity Name PIERCE DETAILING, INC.					Secretary of State			
	e of Business STREET NORTH IRG, FL 33713	Mailing Address 3106-21ST STREET NORTH ST. PETERSURG, FL 33713	<u></u>			II PUNA MOSSO bress diblin	r nedt enjagt ir (as)	
DO NOT WRITE IN THIS SPA				04262004	No Chg-P	CR2E034 (1	•	
			CE		35217 te of Status Desired		Applied For Not Applicable 5 Additional tequired	
6. Name and Address of Current Registered Agent PIERCE, ELIZABETH A 2106 21ST ST NO SAINT PETERSBURG, FL 33713					NOT W			
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 Signature, typed or printed name of registered agent and title if applicable. (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 Final Trust Fund Contribution.				\$5.00 May Be Added to Fees				
III.E NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DI D PIERCE, ELIZABETH A 3106-21ST STREET NORTH ST. PETERSURG, FL 33713	RECTORS			U0000 04/29/04) NOT W THIS SF		5 150,00	
NAME STREET ADDRESS CITY-SI-ZIP								

12. I hereby certify that the information supplied with this filling 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.

A ...

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS

4-26-04

727-502-0469 Daysima Prone #

Mie