

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90046 028 ***150.00

DOCUMENT # P01000056425					
1. Entity Name PIERCE DETAILING, INC.					
Principal Place of Business 3106-21ST STREET NORTH ST. PETERSBURG, FL 33713			Mailing Address 3106-21ST STREET NORTH ST. PETERSBURG, FL 33713		
2. Principal Place of Business 1120 Monticello Blvd N Suite, Apt. #, etc.		3. Mailing Address 1120 Monticello Blvd N Suite, Apt. #, etc.			
City & State St Pete, FL		City & State St. Pete, FL		4. FEI Number 59-3735217	
Zip 33703		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIERCE, ELIZABETH A 2106 21ST ST NO SAINT PETERSBURG, FL 33713			7. Name and Address of New Registered Agent Name: Elizabeth Pierce Street Address (P.O. Box Number is Not Acceptable): 1120 Monticello Blvd N City: St Pete, FL Zip Code: 33703		
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 farmer with, and accept the obligations of registered agent.					
SIGNATURE: Elizabeth Pierce <i>EJ. Parra</i> 1-28-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PIERCE, ELIZABETH A 3106-21ST STREET NORTH ST. PETERSBURG, FL 33713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elizabeth Pierce 1120 Monticello Blvd N St Pete, FL 33703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Elizabeth Pierce <i>EJ. Parra</i> 1-28-06 502-0469 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					