## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000050959

Entity Name: PIERCE & PIERCE, P.A.

Jul 13, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1010 MCDONALD STREET 659 CLARK COURT MOUNT DORA, FL 32757 MOUNT DORA, FL 32757

**Current Mailing Address: New Mailing Address:** 

1010 MCDONALD STREET 659 CLARK COURT MOUNT DORA, FL 32757 MOUNT DORA, FL 32757

FEI Number: 20-0895481 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PIERCE, LAWRENCE R PIERCE, LAWRENCE R 1010 MCDONALD STREET 659 CLARK COURT MOUNT DORA, FL 32757 US US MOUNT DORA, FL 32757

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.

SIGNATURE: 07/13/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

(X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete PIERCE, LAWRENCE R PIERCE, LAWRENCE R Name: Name: 1010 MCDONALD STREET 659 CLARK COURT Address: Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: MOUNT DORA, FL 32757

Title: VΡ Title: VΡ () Delete (X) Change ( ) Addition

Name: PIERCE, CARY A Name: PIERCE, CARY A 1006 ALEXANDER STREET 1803 LAKE VILLA DRIVE Address: Address: TAVARES, FL 32778 MOUNT DORA, FL 32757 City-St-Zip: City-St-Zip:

Title: Title: () Delete SI (X) Change ( ) Addition

PIERCE, M. DENISE Name: PIERCE, M. DENISE Name: 1010 MCDONALD STREET 659 CLARK COURT Address: Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. DENISE PIERCE S,T 07/13/2005