

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000075090

Entity Name: RESA'S PIECES, INC.

FILED  
Mar 07, 2005  
Secretary of State

## Current Principal Place of Business:

1743 SILVERWOOD DRIVE  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

1743 SILVERWOOD DRIVE  
TALLAHASSEE, FL 32301

## New Mailing Address:

FEI Number: 55-0866409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORDER, MARESA R  
1743 SILVERWOOD DRIVE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CORDER, MARESA R  
Address: 1743 SILVERWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: STD ( ) Delete  
Name: THOMAS, TEC  
Address: 1743 SILVERWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: SMITHERMAN, DORIANN M  
Address: 11288 RED OAK DRIVE  
City-St-Zip: TUSCALOOSA, AL 35405

Title: STD ( ) Change (X) Addition  
Name: THOMAS, PARRY A  
Address: 1743 SILVERWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

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: MARESA R. CORDER

PD

03/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date