

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000075090

Entity Name: RESA'S PIECES, INC.

FILED  
Apr 27, 2006  
Secretary of State

## Current Principal Place of Business:

1743 SILVERWOOD DRIVE  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

1729 NESTLEWOOD LANE  
TALLAHASSEE, FL 32301

## Current Mailing Address:

1743 SILVERWOOD DRIVE  
TALLAHASSEE, FL 32301

## New Mailing Address:

1729 NESTLEWOOD LANE  
TALLAHASSEE, FL 32301

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:

CORDER, MARESA R  
1729 NESTLEWOOD LANE  
TALLAHASSEE, FL 32301 US

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:

04/27/2006

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CORDER, MARESA R  
Address: 1729 NESTLEWOOD LANE  
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: STD (X) Change ( ) Addition  
Name: THOMAS, PARRY A  
Address: 870 KINGSWAY ROAD  
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 Chapter 119, 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 RENEE' CORDER

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date