

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90189 009 ***150.00

DOCUMENT # P05000027800					
1. Entity Name PIERSON SERVICES OF ORLANDO INC,					
Principal Place of Business 2916 EAST JERSEY ST ORLANDO, FL 32806			Mailing Address 2916 EAST JERSEY ST ORLANDO, FL 32806		
2. Principal Place of Business 750 Dennis Ave.		3. Mailing Address 750 Dennis Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042006 Chg-P CR2E034 (11/05)	
City & State ORLANDO FLORIDA		City & State ORLANDO FLORIDA		4. FEI Number 30 03 15606	
Zip 32807		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIERSON, DEBRA 2916 EAST JERSEY ST ORLANDO, FL 32806			7. Name and Address of New Registered Agent Name: PIERSON, Debra Street Address (P.O. Box Number is Not Acceptable): 750 Dennis Ave. City: ORLANDO FL Zip Code: 32807		
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: <u>Debra Pierson</u> Registered Agent DATE: <u>1-4-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)</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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
DEBRA PIERSON 750 Dennis Ave ORLANDO, FL 32807			DEBRA PIERSON 750 Dennis Ave ORLANDO, FL 32807		
JOHN P. PIERSON 750 Dennis Ave. ORLANDO, FL 32807			JOHN P. PIERSON 750 Dennis Ave. ORLANDO, FL 32807		
(Empty)			(Empty)		
(Empty)			(Empty)		
(Empty)			(Empty)		
(Empty)			(Empty)		
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: <u>Debra Pierson</u>			Date: <u>1-4-06</u> Daytime Phone #: <u>407-489-1261</u>		