


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # P05000057393 1. Entity Name PEARSON ENGINEERING SERVICES INC.	
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Principal Place of Business 3829 TWILIGHT DR. VALRICO, FL 33594	Mailing Address 3829 TWILIGHT DR. VALRICO, FL 33594
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07112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2706680	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEARSON, BRUCE T 3829 TWILIGHT DR. VALRICO, FL 33594
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.183(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARSON, BRUCE T 3829 TWILIGHT DR. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARSON, SUE B 3829 TWILIGHT DR. VALRICO, FL 33594
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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:  7-11-2007 813-689-1891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #