

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000057393

1. Entity Name  
PEARSON ENGINEERING SERVICES INC.



Principal Place of Business  
3829 TWILIGHT DR.  
VALRICO, FL 33594

Mailing Address  
3829 TWILIGHT DR.  
VALRICO, FL 33594

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**



05082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2706680

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

PEARSON, BRUCE T  
3829 TWILIGHT DR.  
VALRICO, FL 33594

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

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

U00000955806  
07/22/08-80007-014 550.00

**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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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:

*B. Pearson* *Sue B. Pearson* *Secretary* *Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #