## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## Secretary of State **DOCUMENT # P05000086240** 02-15-2006 90035 032 \*\*\*150.00 PEIRCE CONSULTING, INC. Principal Place of Business Mailing Address 60015993 915 OLD DIXIE HWY SW 915 OLD DIXIE HWY SW VERO BCH, FL 32962 🚣 VERO BCH, FL 32962 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 CR2E034 (11/05) Chg-P 4. FEI Number 6(-1491115 City & State City & State Applied For Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEIRCE, MARK D Street Address (P.O. Box Number is Not Acceptable) 915 OLD DIXIE HWY SW VERO BCH, FL 32962 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11. ☐ Delete TITLE ☐ Addition TITLE ☐ Change PEIRCE, MARK D NAME. NAME 915 OLD DIXIE HWY SW STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP VERO BCH, FL 32962 ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE TUTLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 frustee 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 attacking with an address partitional or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation or the receiver of the corporation of the 02/02/06 772-567-1402 SIGNATURE: //

INTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** Feb 15, 2006 8:00 am