


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90310 034 \*\*\*150.00

|  |                  |                                 |  |   |                                   |
|--|------------------|---------------------------------|--|---|-----------------------------------|
| <b>DOCUMENT # P05000109657</b><br>1. Entity Name<br><b>KELVIN PEARCE COMPANIES, INC.</b>   |                  |                                 |  |  |                                   |
| Principal Place of Business<br><b>907 EXCELDA ST<br/>TAMPA, FL 33609</b>   |                  |                                 | Mailing Address<br><b>907 EXCELDA ST<br/>TAMPA, FL 33609</b>   |   |                                   |
| 2. Principal Place of Business   |                  |                                 | 3. Mailing Address   |   |                                   |
| Suite, Apt. #, etc.  |                  |                                 | Suite, Apt. #, etc.  |   |                                   |
| City & State   |                  |                                 | City & State   |   |                                   |
| Zip  |                  | Country                         |  | Zip   |                                   |
|  |                  |                                 |  | Country   |                                   |
| 6. Name and Address of Current Registered Agent  |                  |                                 |  | 7. Name and Address of New Registered Agent                                       |                                   |
| INCORPORATE USA, INC.<br>3150 SANDY RIDGE DR<br>CLEARWATER, FL 33761   |                  |                                 |  | Name  |                                   |
|  |                  |                                 |  | Street Address (P.O. Box Number is Not Acceptable)                                |                                   |
|  |                  |                                 |  | City  |                                   |
|  |                  |                                 |  | FL 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 _____ (NOTE: Registered Agent signature required when reinstating)   |                  |                                 |  |   |                                   |
| DATE _____   |                  |                                 |  |   |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |                  |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |                                   |
| 10. OFFICERS AND DIRECTORS   |                  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |                                   |
| TITLE  | P,S              | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | PEARCE, KELVIN G |                                 | NAME   |   |                                   |
| STREET ADDRESS   | 907 EXCELDA ST   |                                 | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP  | TAMPA, FL 33609  |                                 | CITY-ST-ZIP  |   |                                   |
| TITLE  |                  | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                  |                                 | NAME   |   |                                   |
| STREET ADDRESS   |                  |                                 | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP  |                  |                                 | CITY-ST-ZIP  |   |                                   |
| TITLE  |                  | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                  |                                 | NAME   |   |                                   |
| STREET ADDRESS   |                  |                                 | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP  |                  |                                 | CITY-ST-ZIP  |   |                                   |
| TITLE  |                  | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                  |                                 | NAME   |   |                                   |
| STREET ADDRESS   |                  |                                 | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP  |                  |                                 | CITY-ST-ZIP  |   |                                   |
| TITLE  |                  | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                  |                                 | NAME   |   |                                   |
| STREET ADDRESS   |                  |                                 | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP  |                  |                                 | CITY-ST-ZIP  |   |                                   |
| 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: _____   |                  |                                 | Date: April 27, 2006 813-348-2092  |   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                  |                                 | Daytime Phone #  |   |                                   |



05012006 Chg-P CR2E034 (11/05)

4. FEI Number **203225008** Applied For ☐ Not Applicable ☒

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