


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90185 021 ***150.00

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DOCUMENT # P05000149798			
1. Entity Name JOSEPH PEARCE, INC.			
Principal Place of Business 150-A NEW HAVEN BRIDGE RD. SIMPSONVILLE, SC 29680		Mailing Address 1025 COMMONS CIR. NAPLES, FL 34119	
2. Principal Place of Business - No P.O. Box # 150-A New Harrison Suite, Apt. #, etc. Bridge Rd		3. Mailing Address 150-A New Harrison Bridge Rd Suite, Apt. #, etc.	
City & State Simpsonville, SC		4. FEI Number 20-3772742	
Zip 29680		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEBEAU, CAROL L 4957 CASTELLA DR. NAPLES, FL 34103		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PRES PEARCE, JOSEPH 150-A NEW HAVEN BRIDGE RD. SIMPSONVILLE, SC 29680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150-A New Harrison Bridge Rd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PEARCE, SUSANNAH 150-A NEW HAVEN BRIDGE RD. SIMPSONVILLE, SC 29680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150-A New Harrison Bridge Rd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES PEARCE, SUSANNAH 150-A NEW HAVEN BRIDGE RD. SIMPSONVILLE, SC 29680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150-A New Harrison Bridge Rd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR PEARCE, JOSEPH A 150-A NEW HAVEN BRIDGE RD SIMPSONVILLE, SC 29680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150-A New Harrison Bridge Rd
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Joseph Pearce</i> Joseph Pearce		Date: 4/26/08 (864) 862-9530	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	