2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000024252

ROBERTS, KARA

YULEE, FL 32041

97177 BLACKBEARDS WAY

Name:

Address:

City-St-Zip:

Entity Name: PIERSON FERN & GREENS, INC

FILED Feb 09, 2007 Secretary of State

Entity Name: PIERSON FERN & GREENS, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
157 FOUN PIERSON,	ITAIN DR. FL 32180	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 10 PIERSON,	065 FL 32180	US			
FEI Number:	: 59-3365424	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
ROBERTS, KEVIN J. 97177 BLACKBEARDS WAY P.O. BOX 1980 YULEE, FL 32041 US				ROBERTS, KEVIN J. 97177 BLACKBEARDS WAY YULEE, FL 32041 US	
	named entity e of Florida.	y submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: KEVIN J ROBERTS				02/09/2007	
	Electro	onic Signature of Registered Ag	gent	Date	
Election Car	mpaign Financi	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ROBERTS, K 97177 BLACI	KBEARD'S WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROBERTS, A	KBEARD'S WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BANKO, KHA	KBEARDS WAY	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KEVIN J ROBERTS PRES 02/09/2007