


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90048 046 ***150.00

DOCUMENT # P98000004482					
1. Entity Name CHARLIE PIERCE TEXTURES, INC.					
Principal Place of Business 38006 PALM GROVE DRIVE ZEPHYRHILLS FL 33541			Mailing Address 38006 PALM GROVE DRIVE ZEPHYRHILLS FL 33541		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3492423	
Applied For		Not Applicable			
Zip 33542	Country	Zip 33542	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PIERCE, WINIFRED 38006 PALM GROVE DRIVE ZEPHYRHILLS FL 33541			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code 33542
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 <i>Winifred Pierce</i>			DATE 2/3/04		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
After May 1, 2004 Fee will be \$550.00					
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIERCE, CHARLIE	NAME			
STREET ADDRESS	38006 PALM GROVE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIERCE, WINIFRED	NAME			
STREET ADDRESS	38006 PALM GROVE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIERCE, JOHN	NAME			
STREET ADDRESS	38116 SALEM	STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIERCE, DANIEL	NAME			
STREET ADDRESS	39058 CITADEL CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	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 exemption stated in Section 119.07(3)(i), 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>Winifred Pierce</i>			DATE: 2/3/04		DAYTIME PHONE #: 813-783-1963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #