



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90526 049 ***150.00

DOCUMENT # P99000071520 1. Entity Name PIERCE ENTERPRISES, INC.																																									
Principal Place of Business 1240 N.E. 95TH ST., LOT #3 ANTHONY, FL 32617			Mailing Address PO BOX 984 ANTHONY, FL 32617																																						
2. Principal Place of Business 14168 N.E. 53rd Ct. Rd. Suite, Apt. #, etc.		3. Mailing Address 14168 N.E. 53rd Ct. Rd. Suite, Apt. #, etc.																																							
City & State Citra, Fl		City & State Citra, Fl		4. FEI Number 59-3593692																																					
Zip 32113-5465		Zip 32113-5465		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
Country U.S.A.		Country U.S.A.		04072004 Chg-P CR2E034 (10/03)																																					
6. Name and Address of Current Registered Agent PIERCE, WILLIAM R 1240 N.E. 95TH ST., LOT #3 ANTHONY, FL 32617				7. Name and Address of New Registered Agent Name William R. Pierce Street Address (P.O. Box Number is Not Acceptable) 14168 N.E. 53rd Court Road City Citra FL 32113-5465																																					
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: <u>William R. Pierce</u> (NOTE: Registered Agent signature required when re-registering) DATE: _____																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PTD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">PIERCE, WILLIAM R</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1240 N.E. 95TH ST., LOT #3</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ANTHONY, FL 32617</td> </tr> </table>			TITLE	PTD	<input type="checkbox"/> Delete	NAME	PIERCE, WILLIAM R		STREET ADDRESS	1240 N.E. 95TH ST., LOT #3		CITY-ST-ZIP	ANTHONY, FL 32617		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PTD</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">Pierce, William R.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">14168 N.E. 53rd Court Road</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Citra, Fl 32113-5465</td> </tr> <tr> <td>TITLE</td> <td>V/P, Sec.</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">Pierce, Lisa L.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">14168 N. E. 53rd ct. Rd</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Citra, Fl 32113-5465</td> </tr> </table>			TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Pierce, William R.		STREET ADDRESS	14168 N.E. 53rd Court Road		CITY-ST-ZIP	Citra, Fl 32113-5465		TITLE	V/P, Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Pierce, Lisa L.		STREET ADDRESS	14168 N. E. 53rd ct. Rd		CITY-ST-ZIP	Citra, Fl 32113-5465	
TITLE	PTD	<input type="checkbox"/> Delete																																							
NAME	PIERCE, WILLIAM R																																								
STREET ADDRESS	1240 N.E. 95TH ST., LOT #3																																								
CITY-ST-ZIP	ANTHONY, FL 32617																																								
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																							
NAME	Pierce, William R.																																								
STREET ADDRESS	14168 N.E. 53rd Court Road																																								
CITY-ST-ZIP	Citra, Fl 32113-5465																																								
TITLE	V/P, Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																							
NAME	Pierce, Lisa L.																																								
STREET ADDRESS	14168 N. E. 53rd ct. Rd																																								
CITY-ST-ZIP	Citra, Fl 32113-5465																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP																				
TITLE	NAME	<input type="checkbox"/> Delete																																							
STREET ADDRESS																																									
CITY-ST-ZIP																																									
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																							
STREET ADDRESS																																									
CITY-ST-ZIP																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP																				
TITLE	NAME	<input type="checkbox"/> Delete																																							
STREET ADDRESS																																									
CITY-ST-ZIP																																									
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																							
STREET ADDRESS																																									
CITY-ST-ZIP																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP																				
TITLE	NAME	<input type="checkbox"/> Delete																																							
STREET ADDRESS																																									
CITY-ST-ZIP																																									
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																							
STREET ADDRESS																																									
CITY-ST-ZIP																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP																				
TITLE	NAME	<input type="checkbox"/> Delete																																							
STREET ADDRESS																																									
CITY-ST-ZIP																																									
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																							
STREET ADDRESS																																									
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: <u>William R. Pierce</u> William R. Pierce, Pres. 4-23-04 352-595-2086 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																									