FILED
Apr 03, 2007 8:00 am
Secretary of State
04-03-2007 90016 047 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

3/23/2007 ...1039779191.tif

DOCUMENT # P99000071520

1. Entity Name
PIERCE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
14168 NE 53RD CT RD. CITRA, FL 32113-5465	14168 NE 53RD CT RD. CITRA, FL 32113-5465

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03232007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3593892 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PIERCE, WILLIAM R 14168 NE 53RD CT RD. CITRA, FL 32113-5465	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
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstated)

FILE NUMBER FEE IS $150.00
After May 1, 2007 Fee will be $600.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** may be Added to Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD PIERCE, WILLIAM R 14168 NE 53RD CT RD. CITRA, FL 321135465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Pierce, William R. 14168 N.E. 53rd Ct. Rd Citra, Fl 32113-5465	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS PIERCE, LISA L 14168 NE 53RD CT RD. CITRA, FL 321135465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Pierce, Lisa L 14168 N.E. 53rd Ct. Rd Citra, Fl 32113-5465	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Dwayne E. Lee 13290 N.E. 156th St. Fort McCoy, Fl 32134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Robert P. Snodgrass 13290 N.E. 156th St. Fort McCoy, Fl 32134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: William P. Pierce March 23,07 352-595-2086
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Date) (Daytime Phone #)