

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # S73962

1. Entity Name
PIERCE GROUP, INC.



Principal Place of Business
**5125 SR 13 N
SAINT AUGUSTINE, FL 32092 US**

Mailing Address
**P.O. BOX 167
ORANGE PARK, FL 32067-0167 US**



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3076810

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DOSS, CALVIN P.
5125 SR 13 N
SAINT AUGUSTINE, FL 32092**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DOSS, CALVIN P.
STREET ADDRESS	PO BOX 167 N/A
CITY-ST-ZIP	ORANGE PARK, FL 320670167
TITLE	VPST
NAME	DOSS, MARILYN B.
STREET ADDRESS	PO BOX 1399
CITY-ST-ZIP	ORANGE PARK, FL 320671399
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000842698
03/11/08-80040-023 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

Calvin P. Doss PRESIDENT
CALVIN P. DOSS

2-25-08 PRESIDENT