


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90227 025 \*\*\*150.00

<b>DOCUMENT # V17207</b>		
1. Entity Name DAVID S. PIERCEFIELD, P.A.		

Principal Place of Business 230 LOOKOUT PLACE 200 MAITLAND, FL 32751 US	Mailing Address 230 LOOKOUT PLACE 200 MAITLAND, FL 32751 US
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2. Principal Place of Business 100 East Sybelia Ave. Suite, Apt. #, etc. STE 205	3. Mailing Address 100 East Sybelia Ave. Suite, Apt. #, etc. STE 205
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04292004 Chg-P CR2E034 (10/03)

City & State Maitland, FL	City & State Maitland, FL
Zip 32751	Country USA

4. FEI Number 59-3108901	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PIERCEFIELD, DAVID S. 230 LOOKOUT PLACE SUITE 200 MAITLAND, FL 32751	7. Name and Address of New Registered Agent Name David S. Piercefield Street Address (P.O. Box Number is Not Acceptable) 100 East Sybelia Ave. STE 205 City Maitland FL Zip Code 32751
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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  David S. Piercefield 04-29-04  
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PIERCEFIELD, DAVID S. 230 LOOKOUT PLACE, SUITE 200 MAITLAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Piercefield, David S. 100 East Sybelia Ave, Suite 205 Maitland, FL 32751 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  David S. Piercefield-4/29/04 407.629.8118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #