

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V17207

1. Entity Name
DAVID S. PIERCEFIELD, P.A.



Principal Place of Business
100 EAST SYBELIA AVE.
STE. 205
MAITLAND, FL 32751 US

Mailing Address
100 EAST SYBELIA AVE.
STE. 205
MAITLAND, FL 32751 US

FILED
Apr 20, 2005 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

04182005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3108901

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PIERCEFIELD, DAVID S.
100 EAST SYBELIA AVE. STE. 205
SUITE 200
MAITLAND, FL 32751

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DPST
PIERCEFIELD, DAVID S.
100 EAST SYBELIA AVE., SUITE 205
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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U00000317752
04/20/05-80032-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David S. Piercefield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID S. Piercefield

4-28-05

407-6298118

Date

Daytime Phone #