

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000149798

**Entity Name:** JOSEPH PEARCE, INC.

**Current Principal Place of Business:**

150-A NEW HARRISON BRIDGE RD.  
SIMPSONVILLE, SC 29680

**Current Mailing Address:**

150-A NEW HARRISON BRIDGE RD.  
SIMPSONVILLE, SC 29680

**FEI Number:** 20-3772742

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

API - PROCESSING LICENSING, INC.  
3419 GALT OCEAN DRIVE  
SUITE A  
FT. LAUDERDALE, FL 33308 US

*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.*

**SIGNATURE:** DAWN R. JOHNSON - PRESIDENT

02/03/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            PEARCE, JOSEPH  
Address        150-A NEW HARRISON BRIDGE RD.  
City-State-Zip: SIMPSONVILLE SC 29680

Title            SEC  
Name            PEARCE, SUSANNAH  
Address        150-A NEW HARRISON BRIDGE RD.  
City-State-Zip: SIMPSONVILLE SC 29680

Title            TRES  
Name            PEARCE, SUSANNAH  
Address        150-A NEW HARRISON BRIDGE RD.  
City-State-Zip: SIMPSONVILLE SC 29680

Title            DIR  
Name            PEARCE, JOSEPH A  
Address        150-A NEW HARRISON BRIDGE RD  
City-State-Zip: SIMPSONVILLE SC 29680

Title            DIR  
Name            PEARCE, SUSANNAH  
Address        150-A NEW HARRISON BRIDGE RD  
City-State-Zip: SIMPSONVILLE SC 29680

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUSANNAH PEARCE

**DIRECTOR/SECRETARY**

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date