

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90018 038 \*\*\*550.00

**DOCUMENT # P02000113843**


1. Entity Name  
 PALM BEACH PIPES AND DRUMS, INC.



Principal Place of Business      Mailing Address  
 1101 LANDINGS BLVD.      1101 LANDINGS BLVD.  
 WEST PALM BEACH, FL 33413      WEST PALM BEACH, FL 33413

2. Principal Place of Business      3. Mailing Address  
 108 PARADISE HARBOR      108 PARADISE HARBOR BLVD.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 302      302

City & State      City & State  
 NORTH PALM BEACH, FL      NORTH PALM BEACH, FL  
 Zip      Zip      Country      Country  
 33408      33408      PALM BEACH      PALM BEACH



07132004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2188756      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

SIBEL, VINCE  
 1101 LANDINGS BLVD.  
 WEST PALM BEACH, FL 33413

Name      DIPERT, JON  
 Street Address (P.O. Box Number is Not Acceptable)  
 108 PARADISE HARBOR BLVD. APT. #302  
 City      NORTH PALM BEACH      FL      Zip Code      33408

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      *Jon Dipert*      JON DIPERT      7.14.04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIBEL, VINCE 1101 LANDINGS BLVD. WEST PALM BEACH, FL 33413 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIPERT, JON 108 PARADISE HARBOR BLVD. APT. 302 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIPERT, JON 108 PARADISE HARBOR BLVD. APT#203 PALM BEACH, FL 33408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAUL, BILL 8923 ESCONDIDO WAY BOCA RATON, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RICHARDSON, JIM 103 SWAN PARKEAY WEST ROYAL PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLS, JOHN 124 BLINDY LANE WEST PALM BEACH, FL 33406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROOS, KATE 8 QUAIL RUN LANE STUART, FL 34996 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HORINE, DARLENE 3426 THEO WAY WEST PALM BEACH, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STUART, DUANE 2650 BOUNDBROOK BLVD. APT# 104 WEST PALM BEACH, FL 33413 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROSS, STAN 5345 ISLAND GYPSY DR. GREEN ACRES, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: *Darlene Horine*      DARLENE HORINE      7.13.04      (561)616-3670  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #