

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90016 023 \*\*\*150.00

**DOCUMENT # P02000113843**  
 1. Entity Name  
**PALM BEACH PIPES AND DRUMS, INC.**



Principal Place of Business Mailing Address  
**108 PARADISE HARBOR # 302 NORTH PALM BEACH FL 33408**      **108 PARADISE HARBOR # 302 NORTH PALM BEACH FL 33408**



2. Principal Place of Business Suite. Apt. #, etc.  
 3. Mailing Address Suite. Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State Zip Country City & State Zip Country

4. FEI Number **59-2188756** Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**DIPERT, JON**  
**108 PARADISE HARBOR**  
**APT # 302**  
**NORTH PALM BEACH FL 33408**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	PAUL, BILL	
STREET ADDRESS	8923 ESCONDIDO WAY	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIPERT, JON	
STREET ADDRESS	108 PARADISE HARBOR BLVD APT 302	
CITY-ST-ZIP	PALM BEACH FL 33408	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MILLS, JOHN	
STREET ADDRESS	124 B LINDY LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HORINE, DARLENE	
STREET ADDRESS	3426 THEO WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ROSS, STAN	
STREET ADDRESS	5345 ISLAND GYPSY DR	
CITY-ST-ZIP	GREEN ACRES FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5222 Tiffany Lane Circle	
CITY-ST-ZIP	West Palm Beach, Florida 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Darlene Horine Darlene Horine 1-31-06 561-616-3670  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #