

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113843

FILED
Jan 08, 2009
Secretary of State

Entity Name: PALM BEACH PIPES AND DRUMS, INC.

Current Principal Place of Business:

108 PARADISE HARBOR
302
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

108 PARADISE HARBOR
302
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 59-2188756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIPERT, JON
108 PARADISE HARBOR
APT # 302
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PAUL, BILL
Address: 8923 ESCONDIDO WAY
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: DIPERT, JON
Address: 108 PARADISE HARBOR BLVD APT 302
City-St-Zip: PALM BEACH, FL 33408

Title: DV () Delete
Name: MILLS, JOHN
Address: 124 B LINDY LANE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: DT () Delete
Name: HORINE, DARLENE
Address: 5222 TIFFANY ANNE CIR
City-St-Zip: WEST PALM BEACH, FL 33417

Title: DS () Delete
Name: ROSS, STAN
Address: 5345 ISLAND GYPSY DR
City-St-Zip: GREEN ACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DARLENE HORINE

DT

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date