

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 432128

Entity Name: PIFER, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

7700 HIGH RIDGE RD.  
BOYNTON BEACH, FL 334265026 US

## New Principal Place of Business:

## Current Mailing Address:

7700 HIGH RIDGE RD.  
BOYNTON BEACH, FL 334265026 US

## New Mailing Address:

FEI Number: 59-1494061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRAWN, JOEL T ESQUIRE  
54 N E 4TH AVE.  
DELRAY BEACH, FL 33483 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: PD ( ) Delete  
Name: KILPATRICK, HAROLD D SR  
Address: 1750 LAKE DR.  
City-St-Zip: DELRAY BEACH, FL 33444

Title: VD ( ) Delete  
Name: KILPATRICK, TIM L  
Address: 1725 LAKE DR.  
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD ( ) Delete  
Name: KILPATRICK, MARY G  
Address: 1750 LAKE DR.  
City-St-Zip: DELRAY BEACH, FL 33444

Title: V/AS ( ) Delete  
Name: BURK, K. ERIC  
Address: 17918 128TH TRAIL NORTH  
City-St-Zip: JUPITER, FL 33478

Title: D ( ) Delete  
Name: KILPATRICK, JON W  
Address: 425 N W 18TH ST.  
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete  
Name: KILLPATRICK, HAROLD D JR.  
Address: 302 N W 16TH ST.  
City-St-Zip: DELRAY BEACH, FL 33444

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BURK, K. ERIC

V/AS

04/29/2005

Electronic Signature of Signing Officer or Director

Date