

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 432128

Entity Name: PIFER, INC.

FILED
Apr 21, 2009
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 (X)

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: VD () Delete
Name: KILPATRICK, HAROLD D SR
Address: 200 N OCEAN BLVD #N10
City-St-Zip: DELRAY BEACH, FL 33483

Title: PD () Delete
Name: KILPATRICK, TIM L
Address: 28 HARBOUR DRIVE SOUTH
City-St-Zip: OCEAN RIDGE, FL 33435

Title: SD () Delete
Name: KILPATRICK, MARY G
Address: 200 N OCEAN BLVD #N10
City-St-Zip: DELRAY BEACH, FL 33483

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: 1750 LAKE DR.
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 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: BURK, K. ERIC

Electronic Signature of Signing Officer or Director

V/AS

04/21/2009

Date