

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702258

FILED
Apr 30, 2005
Secretary of State

Entity Name: FLORIDA CONCRETE PIPE INSTITUTE, INC.

Current Principal Place of Business:

3030 DADE AVENUE
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

3030 DADE AVENUE
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-0938017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE JESUS, ANGEL
3030 DADE AVENUE
ORLANDO, FL 32804 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

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: MCCLOSKEY, ED
Address: 3030 DADE AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: VCD () Delete
Name: HILTON, SID
Address: 3030 DADE AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: DC () Delete
Name: HOESING, STEVE
Address: 3030 DADE AVENUE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCD (X) Change () Addition
Name: TURNER, WAYNE
Address: 3030 DADE AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: DC (X) Change () Addition
Name: HILTON, SID
Address: 3030 DADE AVENUE
City-St-Zip: ORLANDO, FL 32804

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED MCCLOSKEY

ST

04/30/2005

Electronic Signature of Signing Officer or Director

Date