

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


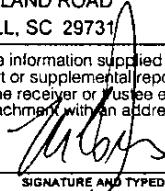
**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90087 038 \*\*\*158.75

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02062007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # 810432</b>					
1. Entity Name INDUSTRIAL PIPING, INC.					
Principal Place of Business 800 CULP ROAD POB 518 PINEVILLE, NC 28134 US			Mailing Address 800 CULP ROAD POB 518 PINEVILLE, NC 28134 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-0578325	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CTD	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, R L		NAME	C. SCOTT RICE	
STREET ADDRESS	5635 A1A UNIT 801		STREET ADDRESS	1481 DECATUR DRIVE	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	ROCK HILL, SC 29730	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, M L		NAME	DOUG R. MCQUISTON	
STREET ADDRESS	2740 HAMPTON AVENUE		STREET ADDRESS	1100 LONG CREEK COURT	
CITY-ST-ZIP	CHARLOTTE, NC 00000, 28207		CITY-ST-ZIP	LAKE WYLIE, SC 29710	
TITLE	ATS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMP, MICHAEL B		NAME		
STREET ADDRESS	2732 VON THURINGER CT		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 28210		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, MICHAEL B		NAME		
STREET ADDRESS	1700 CAL BOST RD		STREET ADDRESS		
CITY-ST-ZIP	MIDLAND, NC 28107		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANSOM, HR		NAME		
STREET ADDRESS	14705 PLEASANT HILL RD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 28278		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAKEFIELD, DAVID M		NAME		
STREET ADDRESS	1868 HOLLAND ROAD		STREET ADDRESS		
CITY-ST-ZIP	ROCK HILL, SC 29731		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Michael L. Jones		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			02/07/07		
			704-588-1100		
			Daytime Phone #		