


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000001258**  
 1. Entity Name  
**GIPE ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
**849 FAIRMOUNT AVENUE, SUITE 102**      **849 FAIRMOUNT AVENUE, SUITE 102**  
**TOWSON, MD 21286**      **TOWSON, MD 21286**



07062004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**52-1164876**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WEEDON, GARY N 1613 WATERBURY COURT BEL AIR, MD 21014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALBAN, JEFF 3600 SOUTHSIDE AVENUE PHOENIX, MD 21131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT GIPE, ALBERT B 26048 GOSENECK ROAD ROYAL OAK, MD 21662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURTELL, MICHAEL J 1202 ROBIN COURT BALTIMORE, MD 21227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, DAVID R 2214 HORNS POINT ROAD CAMBRIDGE, MD 21613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000166430  
 07/15/04-80008-911 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Albert B. Gipe      7/12/04      410-822-8688  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #