

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000001258**

1. Entity Name  
**GIPE ASSOCIATES, INC.**



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

Mailing Address  
**849 FAIRMOUNT AVENUE, SUITE 102  
TOWSON, MD 21286**

**DO NOT WRITE IN THIS SPACE**



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**52-1164876**

Applied For  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE PS  
NAME WEEDON, GARY N  
STREET ADDRESS 1613 WATERBURY COURT  
CITY-ST-ZIP BEL AIR, MD 21014

TITLE V  
NAME ALBAN, JEFF  
STREET ADDRESS 3600 SOUTHSIDE AVENUE  
CITY-ST-ZIP PHOENIX, MD 21131

TITLE CT  
NAME GIPE, ALBERT B  
STREET ADDRESS 26048 GOOSENECK ROAD  
CITY-ST-ZIP ROYAL OAK, MD 21662

TITLE D  
NAME PURTELL, MICHAEL J  
STREET ADDRESS 1202 ROBIN COURT  
CITY-ST-ZIP BALTIMORE, MD 21227

TITLE D  
NAME HOFFMAN, DAVID R  
STREET ADDRESS 2214 HORNS POINT ROAD  
CITY-ST-ZIP CAMBRIDGE, MD 21613

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000372067  
07/11/05-80017-011 550.00

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IN THIS SPACE**

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* **ALBERT B. GIPE** 7/5/05 410-822-8488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #