


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 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
**PO BOX 1147
 EASTON, MD 21601**

DO NOT WRITE IN THIS SPACE



02092007 No Chg-P CR2E034 (11/05)

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 \$150.00
 After May 1, 2007 Fee will be \$550.00**


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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WEEDON, GARY N 10 CANVAS PLACE BEL AIR, MD 21015 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVPD ALBAN, JEFF 3600 SOUTHSIDE AVENUE PHOENIX, MD 21131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOD GIPE, ALBERT B 26048 GOOSENECK ROAD ROYAL OAK, MD 21662 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVPD PURTELL, MICHAEL J 544 ANCHOR DRIVE JOPPA, MD 21085 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVPD HOFFMAN, DAVID R 2214 HORNS POINT ROAD CAMBRIDGE, MD 21613 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WRIGHT, JAMES W 3 LEONARD COURT PERRY HALL, MD 21128 |

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 02/22/07-80010-013 150.00

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:  **David R. Hoffman** **2/9/07** **410-822-8688**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #