

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14304

FILED
Jan 18, 2009
Secretary of State

Entity Name: PIED PIPER OF MARATHON, INC.

Current Principal Place of Business:

3390 GULFVIEW AVE.
P.O. BOX 1135
MARATHON, FL 33050

New Principal Place of Business:

3390 GULFVIEW AVE.
MARATHON, FL 33050

Current Mailing Address:

3390 GULFVIEW AVE.
P.O. BOX 501135
MARATHON, FL 33050 US

New Mailing Address:

3390 GULFVIEW AVE.
MARATHON, FL 33050

FEI Number: 59-2066476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPPEDGE, TRUDIE
3390 GULFVIEW AVE.
MARATHON, FL 33050 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COPPEDGE, THOMAS N., III
Address: 975 69TH STREET OCEAN
City-St-Zip: MARATHON, FL

Title: PST () Delete
Name: COPPEDGE, TRUDIE,
Address: 975 69TH ST OCEAN
City-St-Zip: MARATHON, FLORIDA 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COPPEDGE, TRUDIE

PST

01/18/2009

Electronic Signature of Signing Officer or Director

Date