

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22972

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: SOUTHERN PIPING SERVICES, INC.

## Current Principal Place of Business:

% STANLEY B HAYSLIP  
4231 NW 10TH STREET  
COCONUT CREEK, FL 33066

## New Principal Place of Business:

## Current Mailing Address:

% STANLEY B HAYSLIP  
4231 NW 10TH STREET  
COCONUT CREEK, FL 33066

## New Mailing Address:

FEI Number: 59-2075214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAYSLIP, STANLEY B  
4231 NW 10TH STREET  
COCONUT CREEK, FL 33066 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: DSV ( ) Delete  
Name: HAYSLIP, CAROL L  
Address: 4231 NW 10 ST.  
City-St-Zip: COCONUT CREEK, FL

Title: DPT ( ) Delete  
Name: HAYSLIP, STANLEY B,  
Address: 4231 NW 10TH ST  
City-St-Zip: COCONUT CREEK, FLA.00000,

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DSV (X) Change ( ) Addition  
Name: HAYSLIP, CAROL L DSV  
Address: 4231 NW 10 ST.  
City-St-Zip: COCONUT CREEK, FL 33066

Title: DP (X) Change ( ) Addition  
Name: HAYSLIP, STANLEY B,  
Address: 4231 NW 10TH ST  
City-St-Zip: COCONUT CREEK,, FL 33066

Title: DT ( ) Change (X) Addition  
Name: HAYSLIP, WILLIAM B,  
Address: 1601 SW 1ST TERR  
City-St-Zip: POMPANO BEACH, FL 33060

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: CAROL L HAYSLIP

DVS

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date