2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22972

FILED Apr 22, 2009 Secretary of State

Entity Name: SOUTHERN PIPING SERVICES, INC.			
Current Principal Place of Business:	New Principal Place o	New Principal Place of Business:	
% STANLEY B HAYSLIP 4231 NW 10TH STREET COCONUT CREEK, FL 33066			
Current Mailing Address:	New Mailing Address	New Mailing Address:	
% STANLEY B HAYSLIP 4231 NW 10TH STREET COCONUT CREEK, FL 33066			
FEI Number: 59-2075214 FEI Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
HAYSLIP, STANLEY B 4231 NW 10TH STREET COCONUT CREEK, FL 33066 US			
The above named entity submits this statement for the purpoin the State of Florida.	ose of changing its registered	office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: DSV () Delete	Title DP	(X) Change () Addition	

HAYSLIP, CAROL L DSV HAYSLIP, STANLEY B Name: Name: 4231 NW 10TH ST 4231 NW 10 ST. Address: Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: COCONUT CREEK, FL 33066 Title: DP () Delete Title: (X) Change () Addition HAYSLIP, WILLIAM B HAYSLIP, STANLEY B Name: Name: Address: 4231 NW 10TH ST Address: 1601 SW 1ST TERR COCONUT CREEK,, FL 33066 POMPANO BEACH, FL 330602 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

Name: HAYSLIP, WILLIAM B Name: Address: 1601 SW 1ST TERR Address: City-St-Zip: POMPANO BEACH, FL 33060 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: STANLEY B HAYSLIP DP 04/22/2009