


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 08:00 AM
Secretary of State

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| DOCUMENT # H77630 1. Entity Name GLOBAL PIPING, INC. |  |
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| Principal Place of Business 1006 N. 19TH ST. TAMPA, FL 33605 | Mailing Address 1006 N. 19TH ST. TAMPA, FL 33605 |
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DO NOT WRITE IN THIS SPACE



09082004 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 59-2581007 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent KIMBER, SMITH 1006 N 19TH STREET TAMPA, FL 33605 | DO NOT WRITE IN THIS SPACE |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

| | |
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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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U00000172011
 09/09/04-80007-002 550.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MANN, ROBERT K 1315 JUMANA LOOP APOLLO BEACH, FL 33572 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST KIMBER, SMITH 11337 BLACKBACK DR RIVERVIEW, FL 33569 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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: Robert K Mann Date: 8/31/04 (813) 247-7473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #