



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90289 021 ***150.00

DOCUMENT # K38739 1. Entity Name PIKE ASSOCIATES INC.																																																																																																											
Principal Place of Business 1030 SYLVIA LANE TAMPA, FL 33613-2007			Mailing Address 16528 N. Dale Mabry Hwy 3355 W. BEARSS AVE TAMPA, FL 33618																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address 16528 N. Dale Mabry Hwy Suite, Apt. #, etc. City & State Tampa, FL																																																																																																									
Zip 33618		Country US		01292005 Chg-P CR2E034 (10/03)																																																																																																							
4. FEI Number 59-2912670				Applied For <input type="checkbox"/> Not Applicable																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SANDERS, WALTER 3355 BEARSS AVE 16528 N Dale Mabry Hwy, TAMPA, FL 33618																																																																																																							
7. Name and Address of New Registered Agent Name Sanders, Walter Street Address (P.O. Box Number is Not Acceptable) 16528 N. Dale Mabry Hwy. City Tampa FL Zip Code 33618				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 <u>Walter Sanders</u> <u>Walter Sanders</u> <u>2/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD PIKE, DUANE E.</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1030 SYLVIA LANE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">TAMPA, FL 336132007</td> </tr> <tr> <td>TITLE</td> <td>VD PIKE, THELMA M.</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1030 SYLVIA LANE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">TAMPA, FL 336132007</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD PIKE, DUANE E.	<input type="checkbox"/> Delete	STREET ADDRESS	1030 SYLVIA LANE		CITY-ST-ZIP	TAMPA, FL 336132007		TITLE	VD PIKE, THELMA M.	<input type="checkbox"/> Delete	STREET ADDRESS	1030 SYLVIA LANE		CITY-ST-ZIP	TAMPA, FL 336132007		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD PIKE, DUANE E.	<input type="checkbox"/> Delete																																																																																																									
STREET ADDRESS	1030 SYLVIA LANE																																																																																																										
CITY-ST-ZIP	TAMPA, FL 336132007																																																																																																										
TITLE	VD PIKE, THELMA M.	<input type="checkbox"/> Delete																																																																																																									
STREET ADDRESS	1030 SYLVIA LANE																																																																																																										
CITY-ST-ZIP	TAMPA, FL 336132007																																																																																																										
TITLE		<input type="checkbox"/> Delete																																																																																																									
NAME																																																																																																											
STREET ADDRESS																																																																																																											
CITY-ST-ZIP																																																																																																											
TITLE		<input type="checkbox"/> Delete																																																																																																									
NAME																																																																																																											
STREET ADDRESS																																																																																																											
CITY-ST-ZIP																																																																																																											
TITLE		<input type="checkbox"/> Delete																																																																																																									
NAME																																																																																																											
STREET ADDRESS																																																																																																											
CITY-ST-ZIP																																																																																																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																									
NAME																																																																																																											
STREET ADDRESS																																																																																																											
CITY-ST-ZIP																																																																																																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																									
NAME																																																																																																											
STREET ADDRESS																																																																																																											
CITY-ST-ZIP																																																																																																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																									
NAME																																																																																																											
STREET ADDRESS																																																																																																											
CITY-ST-ZIP																																																																																																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																									
NAME																																																																																																											
STREET ADDRESS																																																																																																											
CITY-ST-ZIP																																																																																																											
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: <u>Duane Pike</u> <u>Duane Pike</u> <u>4/20/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																											