2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004396

City-St-Zip:

PALM CITY, FL 34990

Entity Name: TREASURE COAST PIPES AND DRUMS INC.

FILED Feb 23, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: MARVIN K. NEWMAN MARVIN K. NEWMAN 802 EAST DOLPHIN AVENUE 802 S E DOLPHIN DRIVE STUART, FL 34996 STUART, FL 34996 **Current Mailing Address:** New Mailing Address: MARVIN K. NEWMAN MARVIN K. NEWMAN 802 S E DOLPHIN DRIVE 802 EAST DOLPHIN AVENUE STUART, FL 34996 STUART, FL 34996 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MELTON, BARBARA A LEONARD, ROBERT D 2160 S E LÉTHA COURT 4116 NE HYLINE DRIVE JENSEN BEACH, FL 349573828 US STUART, FL 34994 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: ROBERT D. LEONARD 02/23/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CAMPBELL, GEORGE C Name: Name: Address: 3797 SE BLUEBILL PLACE Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: LEONARD, BOB Name: LEONARD, ROBERT D Address: 2162 LETHA COURT Address: 2162 LETHA COURT City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34994 Title: () Delete Title: () Change () Addition BROOKS, DAVE Name: Name: 2959 SW CORNELL AVENUE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBERT D. LEONARD S/T 02/23/2004