2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004
Secretary of State

DOCUMENT# N95000001297

Entity Name: CENTRAL FLORIDA PIPES & DRUMS, INC.

Current Principal Place of Business:

1416 E. ROBINSON ST.
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

1416 E. ROBINSON ST.
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-3302407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARPENTER, WILLIAM W
1416 E. ROBINSON ST.
ORLANDO, FL 32801 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OWENS, MICHAEL
Address: 303 EARL ST
City-St-Zip: LONGWOOD, FL 32750

Title: SD ( ) Delete
Name: HARRIS, EARL
Address: 2549 ALCLOBE CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: TD ( ) Delete
Name: MALICAN, NANCY
Address: 2625 ARDOR LANE
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: ROSS, RICHARD
Address: 1213 WINDING CHASE BLVD
City-St-Zip: WINTER SPRINGS, FL 32708

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.

SIGNATURE: MICHAEL OWENS PD 01/30/2004

Electronic Signature of Signing Officer or Director — Date