

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001297

FILED
Apr 16, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA PIPES & DRUMS, INC.

Current Principal Place of Business:

1419 E. ROBINSON ST.
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

1419 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
1419 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: 206 QUAYSIDE CIRCLE #602
City-St-Zip: MAITLAND, FL 32751

Title: SD () Delete
Name: CUBERO, JAVIER
Address: 951 WAVERLY DR
City-St-Zip: LONGWOOD, FL 32750

Title: TD () Delete
Name: MALICAN, NANCY
Address: 24433 AMBER LEAF CT
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COHLER, JOHN
Address: 7549 CLOVERDALE DR.
City-St-Zip: ORLANDO, FL 32818 US

Title: SD (X) Change () Addition
Name: NANCY, MALLICAN
Address: 24433 AMBERLEAF CT.
City-St-Zip: LEESBURG, FL 34748 US

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN COHLER

PD

04/16/2008

Electronic Signature of Signing Officer or Director

Date