2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N99000000965

Entity Name: PANAMA CITY PIPES AND DRUMS, INC.

Current Principal Place of Business:

505 W. BALDWIN ROAD
PANAMA CITY, FL 32405

New Principal Place of Business:

505 W. BALDWIN ROAD
PANAMA CITY, FL 32405 US

Current Mailing Address:

505 W. BALDWIN ROAD
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-3571596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIGBIE, TERRENCE J
537 S BERTHE AVE
CALLAWAY, FL 32404 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: GUEST, DAVID R
Address: 505 W. BALDWIN ROAD
City-St-Zip: PANAMA CITY, FL 32405

Title: VT ( ) Delete
Name: MCCURDY, KATHY
Address: 2694 ISLAND VIEW DR.
City-St-Zip: PANAMA CITY, FL 32405

Title: VT ( ) Delete
Name: FISHER, MALCOLM
Address: 445 WEST 19TH ST APT 35
City-St-Zip: PANAMA CITY, FL 32402

Title: S ( ) Delete
Name: EPLER, SALLY
Address: 17411 WOODLAND AVE
City-St-Zip: FOUNTAIN, FL 32438

Title: T ( ) Delete
Name: JONES, DAVID A
Address: HC3-13418
City-St-Zip: MEXICO BEACH, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VT (X) Change ( ) Addition
Name: PINEDA, JONATHAN
Address: 12621 4TH AVE.
City-St-Zip: YOUNGSTOWN, FL 32466

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

Title: T (X) Change ( ) Addition
Name: MCCURDY, KATHY
Address: 2694 ISLAND VIEW DR
City-St-Zip: PANAMA CITY, FL 32405

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: DAVID R> GUEST PD 04/07/2009

Electronic Signature of Signing Officer or Director — Date