

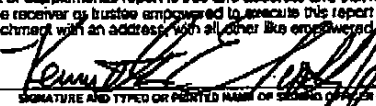


Jun. 7. 2005 7:04AM

FILED
Jun 13, 2005 8:00 am
Secretary of State

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)

04-13-2005 90038 049 ****61.25

DOCUMENT # N99000005012			
1. Entity Name FLORIDA PIPE TRADES COUNCIL, INC.			
Principal Place of Business 3950 WEST PENSACOLA STREET TALLAHASSEE FL 32304		Mailing Address 3950 WEST PENSACOLA STREET TALLAHASSEE FL 32304	
2. Principal Place of Business 13185 NW 45 Avenue Suite, Apt. #, etc.		3. Mailing Address 13185 NW 45 Avenue Suite, Apt. #, etc.	
City & State Opa Locka, Florida		City & State Opa Locka, Florida	
Zip 33054	Country U.S.A.	Zip 33054	Country U.S.A.
4. FEI Number 59-6209635		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 SUGERMAN, ROBERT A 2801 PONCE DE LEON BLVD. SUITE 750 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name: Richard Weiner Richard M. Weiner Street Address (P.O. Box Number is Not Acceptable): 3333 N. University Drive Suite A City: Davie FL Zip Code: 33024	
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: 		DATE: June 7, 2005	
FILE NOW: FEE IS \$61.25 Due By: May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD CULPEPPER, OWEN <input checked="" type="checkbox"/> Delete 1900 N. FLORIDA MANGO ROAD WEST PALM BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Phil Trucks 14105 NW 58th Court Miami, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CALDER, ROBERT <input type="checkbox"/> Delete 2502 S. ANDREWS AVENUE FT. LAUDERDALE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEONARD, IRVINE <input checked="" type="checkbox"/> Delete 3950 W. PENSACOLA STREET TALLAHASSEE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec./Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kenneth E. Scott, Jr. 13185 NW 45th Avenue Opa Locka, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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 617, 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: 		DATE: 4/8/05 305691-8596	

66022776



1st MOORE CR2E037 (10/04)