

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90217 020 ***150.00

DOCUMENT # P01000099207

1. Entity Name
SITE AND PIPE OF FLORIDA, INC.



Principal Place of Business
**125 W LORETTA ST
PENSACOLA, FL 32505**

Mailing Address
**125 W LORETTA ST
PENSACOLA, FL 32505**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202007 Chg-P CR2E034 (12/06)

4. FEI Number
16-1634656

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STURGEN, WILLIAM M JR.
2253 COUNTRY PLACE CIRCLE
PENSACOLA, FL 32534**

Name **Stacy Norwood**

Street Address (P.O. Box Number is Not Acceptable)
125 W. Loretta Street

City **Pensacola**

FL

Zip Code
32505

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

Stacy Norwood **Stacy Norwood, Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GODFREY, ROBERT K	
STREET ADDRESS	1744 CONDOR DR	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	S	<input type="checkbox"/> Delete
NAME	GODFREY, STEPHANIE	
STREET ADDRESS	1744 CONDOR DR	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	V	<input type="checkbox"/> Delete
NAME	NORWOOD, RANDEL I	
STREET ADDRESS	3575 DON JANEAL RD	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	T	<input type="checkbox"/> Delete
NAME	NORWOOD, STACY	
STREET ADDRESS	3575 DON JANEAL RD	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:

Stephanie Godfrey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07
Date

850-430-4007
Daytime Phone #