

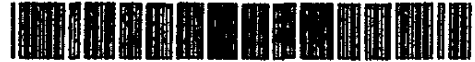
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90024 036 ***558.75

DOCUMENT # P01000120319 1. Entity Name M&J PIPELINE, INC.					
Principal Place of Business P.O. BOX 536 DADE CITY, FL 33526			Mailing Address P.O. BOX 536 DADE CITY, FL 33526		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FET Number 69-0804509 01-0707934	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, WILLIS C 8150 48TH AVE N ST.PETERSBURG, FL 33709				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Frank Miller Vice-President 7-1-04</u> Signature, handwritten name of registered agent and title, if applicable. (NOTE: Registered Agent signature required unless it is a change.)					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P JOHNSON, WILLIS C 8150 48TH AVE N ST.PETERSBURG, FL 33709 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Sec 1 Treasurer Miller, PE994 6343 Juniper Ave Webster FL 33597 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V MILLER, FRANK 6343 JUNIPER AVE WEBSTER, FL 33597 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Frank Miller Vice-President 7-1-04 (813) 477-9143</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

54064115



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