

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

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



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0707934

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, WILLIS C
8150 48TH AVE N
ST.PETERSBURG, FL 33709

**DO NOT WRITE
IN THIS SPACE**

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

Willis C Johnson President

1-17-06

Signature must be printed name of registered agent and the filer code.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME JOHNSON, WILLIS C
STREET ADDRESS 8150 48TH AVE N.
CITY, ST, ZIP ST.PETERSBURG, FL 33709

TITLE V
NAME MILLER, FRANK
STREET ADDRESS 6343 JUNIPER AVE
CITY, ST, ZIP WEBSTER, FL 33597

TITLE ST
NAME MILLER, PEGGY
STREET ADDRESS 6343 JUNIPER AVE
CITY, ST, ZIP WEBSTER, FL 33597

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
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CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

U000000399318
02/01/06-80005-019 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

Peggy Miller Sec.

1-17-06 352-583-5969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Usic

Daytime Phone #