

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000113843

1. Entity Name

PALM BEACH PIPES AND DRUMS, INC.



**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

108 PARADISE HARBOR  
# 302  
NORTH PALM BEACH FL 33408

Mailing Address

108 PARADISE HARBOR  
# 302  
NORTH PALM BEACH FL 33408



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

4. FEI Number 59-2188756

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIPERT, JON  
108 PARADISE HARBOR  
APT # 302  
NORTH PALM BEACH FL 33408

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

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME PAUL, BILL  
STREET ADDRESS 8923 ESCONDIDO WAY  
CITY-STATE-ZIP BOCA RATON FL 33433

TITLE D ☐ Delete  
NAME DIPERT, JON  
STREET ADDRESS 108 PARADISE HARBOR BLVD APT 302  
CITY-STATE-ZIP PALM BEACH FL 33408

TITLE DV ☐ Delete  
NAME MILLS, JOHN  
STREET ADDRESS 124 B LINDY LANE  
CITY-STATE-ZIP WEST PALM BEACH FL 33406

TITLE DT ☐ Delete  
NAME HORINE, DARLENE  
STREET ADDRESS 5222 TIFFANY ANNE CIR  
CITY-STATE-ZIP WEST PALM BEACH FL 33417

TITLE DS ☐ Delete  
NAME ROSS, STAN  
STREET ADDRESS 5345 ISLAND GYPSY DR  
CITY-STATE-ZIP GREEN ACRES FL 33463

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
U000000612312  
02/02/07-80096-020 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Darlene Horine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07 561-616-3670  
Date Daytime Phone #