

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90290 032 ***150.00

DOCUMENT # P03000002350

1. Entity Name
2-PI, INC.



Principal Place of Business
4945 LAKE WASHINGTON RD
MELBOURNE, FL 32934

Mailing Address
4945 LAKE WASHINGTON RD
MELBOURNE, FL 32934

94055069



2. Principal Place of Business
P.O. Box 361453

3. Mailing Address
P.O. Box 361453

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142004 Chg-P CR2E034 (10/03)

City & State
Melbourne, FL

City & State
Melbourne, FL

4. FEI Number
05-0547864

Applied For
Not Applicable

Zip
32936

Country

Zip
32936

Country

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

INCORPORATE USA, INC.
4945 LAKE WASHINGTON RD
MELBOURNE, FL 32934

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
HARVEY, MELVIN
4945 LAKE WASHINGTON RD
MELBOURNE, FL 32934 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
P.O. Box 361453
Melbourne, FL 32936

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP,S
HARVEY, VIVIAN C
4945 LAKE WASHINGTON RD
MELBOURNE, FL 32934 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
P.O. Box 361453
Melbourne, FL 32936

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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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)(i), 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: *Vivian Harvey VP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIVIAN HARVEY

4/15/04 321-531-1162

Date

Daytime Phone #