


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90295 019 ***150.00

DOCUMENT # P03000062050	
1. Entity Name PIPER CAPITAL CORPORATION	

Principal Place of Business 1297 RANCHWOOD DR. EAST DUNEDIN, FL 34698 US	Mailing Address 1297 RANCHWOOD DR. EAST DUNEDIN, FL 34698 US
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DO NOT WRITE IN THIS SPACE



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number 83-0363213	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GLASER, DAVID M
1297 RANCHWOOD DR. EAST
DUNEDIN, FL 34698**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	NAME GLASER, DAVID
STREET ADDRESS 1297 RANCHWOOD DR. E	
CITY-ST-ZIP DUNEDIN, FL 34698	
TITLE 	NAME
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	NAME
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	NAME
STREET ADDRESS 	
CITY-ST-ZIP 	

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IN THIS SPACE**

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: *David M. Glaser* *President* 4/24/05 (727) 441-6426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #