


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90238 041 ***158.75

DOCUMENT # P03000113550
 1. Entity Name
 PILI INC.



Principal Place of Business Mailing Address
 P O BOX 89307 P O BOX 89307
 TAMPA, FL 33689-0405 TAMPA, FL 33689-0405

54030140



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03302004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
 13-4276268 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 TAYLOR, ROBERT B
 902 FLATWOOD CT
 BRANDON, FL 33511

7. Name and Address of New Registered Agent
 Name: Robert B. Taylor
 Street Address (P.O. Box Number is Not Acceptable): 519 Centerbrook Drive
 City: Brandon FL Zip Code: 33511

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 _____

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

TITLE	P	<input type="checkbox"/> Delete
NAME	TAYLOR, ROBERT B	
STREET ADDRESS	P O BOX 89307	
CITY - ST - ZIP	TAMPA, FL 336890405	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAYLOR, LELAND D	
STREET ADDRESS	330 MESA DR	
CITY - ST - ZIP	PAGOSA SPRINGS, CO 81147	
TITLE	TS	<input type="checkbox"/> Delete
NAME	TAYLOR, L. DON JR	
STREET ADDRESS	3001 QUAIL CREEK RD	
CITY - ST - ZIP	OKLAHOMA CITY, OK 73120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 supplement thereto 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: Robert Taylor Date: 04/09/04 Daytime Phone #: (813) 382-0407