2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90294 039 ***150.00

04212005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000101684

1. Entity Name
P.I.P.E., INC.

Principal Place of Business	Mailing Address
1115 WAGON WHEEL DRIVE SARASOTA, FL 34240	1115 WAGON WHEEL DRIVE SARASOTA, FL 34240

2. Principal Place of Business	3. Mailing Address
19706 77TH AVENUE EAST	19706 77TH AVENUE EAST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRADENTON, FLORIDA	City & State: BRADENTON, FLORIDA
Zip: 34202 Country: MANATEE	Zip: 34202 Country: MANATEE

4. FEI Number: 20-1335069 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, STEELE T
1115 WAGON WHEEL DRIVE
SARASOTA, FL 34240

7. Name and Address of New Registered Agent

Name: DAVID E. WAYS
Street Address (P.O. Box Number is Not Acceptable): 19706 77TH AVENUE EAST
City: BRADENTON, FL Zip Code: 34202

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], DAVID E. WAYS - PRESIDENT 4/21/05
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, 2005 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	☐ Delete	TITLE: P/S/T/D NAME: DAVID E. WAYS STREET ADDRESS: 19706 77TH AVENUE EAST CITY ST ZIP: BRADENTON, FL 34202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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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: [signature], DAVID E. WAYS 4/21/05 (941) 322-9739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #