

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000075457

FILED
Jan 06, 2004
Secretary of State

Entity Name: CHARLIE WARREN PIPPIN, INC.

Current Principal Place of Business:

253 EASTPOINT COURT
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

253 EASTPOINT COURT
SPRING HILL, FL 34606

New Mailing Address:

P.O. BOX 3677
SPRING HILL, FL 34611 US

FEI Number: 59-3215883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIPPIN, CHARLIE W
253 EASTPOINT COURT
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

PIPPIN, CHARLIE W
P.O BOX 3677
SPRING HILL, FL 34611 US

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.

SIGNATURE: CHARLIE W. PIPPIN

01/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: PIPPIN, CHARLIE W
Address: 253 EASTPOINT COURT
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: PIPPIN, CHARLIE W
Address: P.O BOX 3677
City-St-Zip: SPRING HILL, FL 34611

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLIE W. PIPPIN

PRES

01/06/2004

Electronic Signature of Signing Officer or Director

Date