

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000081820

Entity Name: MANDAL PIPE COMPANY

FILED
Mar 23, 2004
Secretary of State

Current Principal Place of Business:

656 INDIAN TRAIL-LILBURN ROAD
SUITE 210
LILBURN, GA 300476872

New Principal Place of Business:

Current Mailing Address:

3683 CROWN POINT ROAD
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 59-3278793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBER, SYLVIA D.
3683 CROWN POINT ROAD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUCKLAND, WILLIAM E
Address: 656 INDIAN TRAIL RD STE 210
City-St-Zip: LILBURN, GA 30047

Title: ST () Delete
Name: BUCKLAND, BETSY
Address: 656 INDIAN TRAIL RD STE 210
City-St-Zip: LILBURN, GA 30047

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BETSY S. BUCKLAND

ST

03/23/2004

Electronic Signature of Signing Officer or Director

Date