

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000079763

Entity Name: PIPE CREEK, INC.

FILED
Jan 13, 2004
Secretary of State

Current Principal Place of Business:

702 GOODLETTE ROAD NO
STE #100
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

702 GOODLETTE ROAD NO
STE #100
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0614577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STROHMEYER, JON F
702 GOODLETTE RD
SUITE 100
NAPLES, FL 34102 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: D () Delete
Name: STROHMEYER, JON F
Address: 702 GOODLETTE RD NO SUITE 100
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: STROHMEYER, CYNTHIA R
Address: 702 GOODLETTE RD NO SUITE 100
City-St-Zip: NAPLES, FL 34102

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: JON F. STROHMEYER

DR.

01/13/2004

Electronic Signature of Signing Officer or Director

Date