

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000001058

1. Entity Name
PX5 CORPORATION



Principal Place of Business

2115 RANGE RD
CLEARWATER, FL 33765 US

Mailing Address

2115 RANGE RD
CLEARWATER, FL 33765 US



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3352742
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIPER, WALTER T
2115 RANGE RD
CLEARWATER, FL 33765

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000660958
03/20/07-80021-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	DVPS
NAME	PIPER, SCOTT
STREET ADDRESS	2115 RANGE RD
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	DP
NAME	PIPER, TODD
STREET ADDRESS	1810 ELAINE DRIVE
CITY-ST-ZIP	CLEARWATER, FL
TITLE	TD
NAME	WILDER, SUZANNE P
STREET ADDRESS	1338 PRESERVATION WAY
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT L. PIPER

Date

3/7/07

Daytime Phone #

727-698-0274