


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90309 018 \*\*\*150.00

<b>DOCUMENT # P99000067137</b> 1. Entity Name <b>BRECKENRIDGE PIPES &amp; CO.</b>	
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Principal Place of Business <b>1728 KINGSLEY AVENUE SUITE 105 ORANGE PARK, FL 32073</b>	Mailing Address <b>1728 KINGSLEY AVENUE SUITE 105 ORANGE PARK, FL 32073</b>
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**34036033**



04162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3591677</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PIPES, WILLIAM B 1728 KINGSLEY AVENUE SUITE 105 ORANGE PARK, FL 32073</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PIPES, WILLIAM B 1728 KINGSLEY AVENUE SUITE 105 ORANGE PARK, FL 32073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD PIPES, HELLEN J 1728 KINGSLEY AVENUE SUITE 105 ORANGE PARK, FL 32073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PALMER, MELISSA H 109 OWSLEY AVE. LEXINGTON, KY 40502</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PIPES, N. BRECKENRIDGE 109 OWSLEY AVE. LEXINGTON, KY 40502</b>
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 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** *William B. Pipes* **William B. Pipes** **4/16/04** **904-264-4888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #