2006 FOR PROFIT CORPORATIÓN ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000067137

1. Entity Name
BRECKENRIDGE PIPES & CO.

Principal Place of Business
1536 KINGSLEY AVE SUITE 116
ORANGE PARK, FL 32073

Mailing Address
1536 KINGSLEY AVE SUITE 116
ORANGE PARK, FL 32073

03232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3591677
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PIPES, WILLIAM B
1536 KINGSLEY AVE SUITE 116
ORANGE PARK, FL 32073

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PIPES, WILLIAM B
STREET ADDRESS	1536 KINGSLEY AVE SUITE 116
CITY ST ZIP	ORANGE PARK, FL 32073
TITLE	STD
NAME	PIPES, HELLEN J
STREET ADDRESS	1536 KINGSLEY AVENUE SUITE 116
CITY ST ZIP	ORANGE PARK, FL 32073
TITLE	D
NAME	PALMER, MELISSA H
STREET ADDRESS	426 HOLIDAY ROAD
CITY ST ZIP	LEXINGTON, KY 40502
TITLE	D
NAME	PIPES, BRECKENRIDGE N
STREET ADDRESS	112 LOGSDON COURT
CITY ST ZIP	LOUISVILLE, KY 40243
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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04/17/06-80007-003 150.00

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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 William B Pipes March 30, 2006 904-264-4888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #