2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000067137

1. Entity Name
BRECKENRIDGE PIPES & CO.

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

DO NOT WRITE IN THIS SPACE

03122007 No Chg-P CR2E034 (11/05)

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 _____ DATE
Signature, typed or printed name of registered agent and the date above. (If the Registered Agent is a corporation, the signature must be that of an officer or director of the corporation.)

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

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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03/27/07-80015-017 150.00

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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 William B Pipes 3/12/07 9042644888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #