

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000067137

FILED
Apr 15, 2008
Secretary of State

Entity Name: BRECKENRIDGE PIPES & CO.

Current Principal Place of Business:

1536 KINGSLEY AVE SUITE 116
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1536 KINGSLEY AVE SUITE 116
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-3591677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIPES, WILLIAM B
1536 KINGSLEY AVE SUITE 116
ORANGE PARK, FL 32073 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: PD () Delete
Name: PIPES, WILLIAM B
Address: 1536 KINGSLEY AVE SUITE 116
City-St-Zip: ORANGE PARK, FL 32073

Title: STD () Delete
Name: PIPES, HELLEN J
Address: 1536 KINGSLEY AVENUE SUITE 116
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: PALMER, MELISSA H
Address: 426 HOLIDAY ROAD
City-St-Zip: LEXINGTON, KY 40502

Title: D () Delete
Name: PIPES, BRECKENRIDGE N
Address: 112 LOGSDON COURT
City-St-Zip: LOUISVILLE, KY 40243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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: WILLIAM B. PIPES

PD

04/15/2008

Electronic Signature of Signing Officer or Director

Date