2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 24, 2005 08:00 AM DOCUMENT# P99000082060 Secretary of State 1. Entity Name 🛹 THE PIPE DEN, INC. Principal Place of Business Mailing Address PO BOX 602 1426 20TH STREET VERO BEACH FL 32960 VERO BEACH FL 32961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Zīp Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARSHBANKS, ROBERT A. JR. Street Address (P.O. Box Number is Not Acceptable) 1426 20TH STREET VERO BEACH FL 32960 City Zip Code 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 1 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. Change ☐ Addition THILE Delete HILE MARSHBANKS, ROBERT A. JR. NAME NAME U00000195217 01/26/05-80020-001 150.00 STREET ADDRESS 1426 20TH STREET STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CHTY-ST-2IP ☐ Change ☐ Addition HILE ☐ Delete THE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY ST-ZIP Title ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY-ST-ZIP ITLE ☐ Delete MILE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP HILE THILE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

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.

ICER OR DIRECTOR