2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Sep 09, 2005 8:00 am
Secretary of State
08-22-2005 90063 037 ***150.00

DOCUMENT # S30047

1. Entity Name
PIPING SYSTEMS, INC.

66027161

Principal Place of Business	Mailing Address
3615 FISCAL CT. RIVIERA BCH, FL 33404 US	3615 FISCAL CT. RIVIERA BCH, FL 33404 US

08112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0242368
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIESTENBERG, ROBERT J.
3615 FISCAL CT
RIVIERA BCH, FL 33404

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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 title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RIESTENBERG, ROBERT J.
STREET ADDRESS	3615 FISCAL CT
CITY-ST-ZIP	RIVIERA BCH, FL
TITLE	D
NAME	RIESTENBERG, TERESA M.
STREET ADDRESS	3615 FISCAL CT
CITY-ST-ZIP	RIVIERA BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 8/31/05 561-863-3606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #