

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90032 002 ***150.00

DOCUMENT # S30047

1. Entity Name

PIPING SYSTEMS, INC.



Principal Place of Business

3615 FISCAL CT.
RIVIERA BCH FL 33404
US

Mailing Address

3615 FISCAL CT.
RIVIERA BCH FL 33404
US

2. Principal Place of Business

192 NW. Willow Grove Ave

3. Mailing Address

192 NW. Willow Grove Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pt. St. Lucie FL

City & State

Pt. St. Lucie FL

4. FEI Number

65-0242368

Applied For

Not Applicable

Zip

34986

Country

St. Lucie

Zip

34986

Country

St. Lucie

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

7. Name and Address of New Registered Agent

Name

Robert J. Riestenberg

Street Address (P.O. Box Number is Not Acceptable)

192 N.W. Willow Grove Ave

City

Pt. St. Lucie

FL

Zip Code

34986

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME RIESTENBERG, ROBERT J.
STREET ADDRESS 3615 FISCAL CT
CITY-ST-ZIP RIVIERA BCH FL

TITLE D ☐ Delete
NAME RIESTENBERG, TERESA M.
STREET ADDRESS 3615 FISCAL CT
CITY-ST-ZIP RIVIERA BCH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Robert J. Riestenberg, VP. ☒ Change ☐ Addition
NAME
STREET ADDRESS 192 N.W. Willow Grove Ave.
CITY-ST-ZIP Pt. St. Lucie FL 34986

TITLE Terest M. Riestenberg ☒ Change ☐ Addition
NAME
STREET ADDRESS 192 N.W. Willow Grove Ave.
CITY-ST-ZIP Pt. St. Lucie FL 34986

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Riestenberg

3/27/06

Date

Daytime Phone #

772-878-6136

J. Riestenberg