

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90043 024 \*\*\*150.00

**DOCUMENT # S83222**

1. Entity Name

PIEDMONT PROPERTIES INCORPORATED



Principal Place of Business

4001 GULF SHORES BLVD N.  
SUITE 200  
NAPLES FL 34103-3424

Mailing Address

4001 GULF SHORES BLVD N.  
SUITE 200  
NAPLES FL 34103-3424

**54019827**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

114 TOWNSEND ST

Suite, Apt. #, etc.

% JANE L. ANDREWS

City & State

PEPPERELL, MA

Zip

01463

Country

USA

3. Mailing Address

114 TOWNSEND ST

Suite, Apt. #, etc.

% JANE L. ANDREWS

City & State

PEPPERELL, MA

Zip

01463

Country

USA

4. FEI Number

65-0319661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, WILLIAM E. SR.  
4001 GULF SHORES BLVD  
SUITE 200  
NAPLES FL 34103-3424

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I 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**  
**After May 1, 2004 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KLIEN, WILLIAM E. JR.  
4001 GULF SHORE BLVD  
NAPLES FL 34103 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
JANE L. ANDREWS  
114 TOWNSEND ST  
PEPPERELL, MA 01463 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pres  
Wm. E. Klein Sr  
4001 Gulf Shore Blvd. N. #200  
NAPLES FL 34103 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Sec. Treas.  
Frank E. Andrews  
114 Townsend St  
Pepperell MA 01463 ☐ Change ☒ Addition

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

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

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

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:

*Jane L. Andrews V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04 978.433.0596

Date

Daytime Phone #