2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State
03-12-2008 90026 016 ***150.00

DOCUMENT # V24063

1. Entity Name
J & M PIPE EQUIPMENT, INC.

Principal Place of Business	Mailing Address
110 SW PEACOCK BLVD APT 201# PORT SAINT LUCIE FL 34986 US	P O BOX 733 LOXAHATCHEE FL 33470 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
842 Peppertree Ct.	P.O. BOX 733
Suite, Apt. #, etc.	Suite, Apt. #, etc. LOXAHATchee
City & State: Wellington, Fl	City & State: Fl
Zip: 33414 Country: US	Zip: 33470 Country: US

4. FEI Number 95-0333147 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MITCHELL, LINDA C. 110 SW PEACOCK BLVD APT 201 PORT SAINT LUCIE FL 34986	Name: LINDA C. Mitchell Street Address (P.O. Box Number is Not Acceptable): 842 Pepper Tree CT. WelliNgTON City: WelliNgTON FL Zip Code: 33414

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, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MITCHELL, LINDA C.		NAME		
STREET ADDRESS	110 SW PEACOCK BLVD		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL 33411		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Linda C Mitchell LiNDA C. Mitchell 3/1/08 561-3099850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #