

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 810432**

1. Entity Name  
INDUSTRIAL PIPING, INC.



Principal Place of Business

600 CULP ROAD  
POB 518  
PINEVILLE, NC 28134 US

Mailing Address

800 CULP ROAD  
POB 518  
PINEVILLE, NC 28134 US



01242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-0578325</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CTD
NAME	JONES, R L
STREET ADDRESS	5635 A1A UNIT 801
CITY- ST- ZIP	MELBOURNE BEACH, FL 32951
TITLE	PD
NAME	JONES, M L
STREET ADDRESS	2740 HAMPTON AVENUE
CITY- ST- ZIP	CHARLOTTE, NC 00000, 28207
TITLE	ATS
NAME	SUMP, MICHAEL B
STREET ADDRESS	2732 VON THURINGER CT
CITY- ST- ZIP	CHARLOTTE, NC 28210
TITLE	V
NAME	ROBERTS, MICHAEL B
STREET ADDRESS	1700 CAL BOST RD
CITY- ST- ZIP	MIDLAND, NC 28107
TITLE	AT
NAME	SUMP, MICHAEL B
STREET ADDRESS	2732 VON THURINGER CT
CITY- ST- ZIP	CHARLOTTE, NC 28210
TITLE	V
NAME	BRAKEFIELD, DAVID M
STREET ADDRESS	1868 HOLLAND ROAD
CITY- ST- ZIP	ROCK HILL, SC 29731

**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-24-05*

Date

*704533 1100*

Daytime Phone #