## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Feb 14, 2005 8:00 am Secretary of State **DOCUMENT #272909** 02-14-2005 90064 003 \*\*\*158.75 CAMERON BROS. PLUMBING CO., INC. Mailing Address Principal Place of Business 650 HALL ROAD 650 HALL ROAD 50014698 MALABAR, FL 32950 US MALABAR, FL 32950 US 2. Principal Place of Business 3. Mailing Address P.O.Box 500929 Suite, Apt. #, etc. 01062005 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For Malabor 59-1028549 Not Applicable <sup>Zip</sup> 32950 Country Brevara \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Richard E. Cameron CAMERON, RICHARD E. Street Address (P.O. Box Number is Not Acceptable) 650 HALL RD. 650 Hall MALABAR, FL 32950 Malabar 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. RESIDENT anerus 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE Change Change ☐ Addition ☐ Delete Richard E. Cameron Jr. CAMERON, RICHARD E. NAME NAME 650 Hall Rd. STREET ADDRESS 650 HALL ROAD STREET ADDRESS MALABAR, FL 32950 CITY-ST-ZIP CITY-ST-7IP Malabor, FL 32950 Richard E. Cameron Sr. 650 Hall Rd ☐ Addition TITLE TITLE ☐ Delete NAME CAMERON, RICHARD E JR. NAME 650 HALL ROAD STREET ADDRESS STREET ADDRESS malabar, FL 32950 MALABAR, FL 32950 CITY-ST-ZIP CITY-ST-7IP Z Change TITLE ☐ Addition TITLE ☐ Detete Richard E. Comeron Sr. CAMERON, RICHARD E. NAME NAME 450 Hall Rd STREET ADDRESS 650 HALL ROAD STREET ADDRESS CITY-ST-ZIP malabor, FL 32950 CITY-ST-ZIP MALABAR, FL 32950 TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TOTLE ☐ 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 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.

FILED