2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 10, 2004 8:00 am **Secretary of State** DOCUMENT # 492682 🔏 🎉 🗣 02-10-2004 90013 044 ***150.00 SEASIDE PLUMBING CO., INC. Principal Place of Business Mailing Address P O BOX 503 P O BOX 503 KEY LARGO FL 33037-7503 KEY LARGO FL 33037-7503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-1729584 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Joseph K. Burgin Sr. BURGIN, PEGGY W Peggy W. Burgin Street Address (P.O. Box Number is Not Acceptable) 41 ROCK HARBOR DR 227 Atlantic Blvd. KEY LARGO FL 33037 Key Largo, FL 33037 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change ☐ Addition TITLE ☐ Delete TITLE Joseph K. Burgin Sr. Peggy W. Burgin 227 Attantic Blvd. NAME BURGIN, PEGGY W NAME 41 ROCK HARBOR DR STREET ADDRESS STREET ADDRESS Key Largo, FL 33037 CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP ☐ Delete Joseph K. Burgin Sr. Change ■ Addition TITLE Peggy W. Burgin NAME BURGIN, JOSEPH K NAME 227 Attantic Blvd. STREET ADDRESS STREET ADDRESS 41 ROCK HARBOR DR Key Largo, FL 33037 KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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.

R OR DIRECTOR

SIGNATURE

FILED