


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90077 030 ***150.00

DOCUMENT # 552266			
1. Entity Name MCCRILLIS PLUMBING, INC.			
Principal Place of Business 756 BEACHLAND BLVD. VERO BEACH, FL 32963-1745		Mailing Address 756 BEACHLAND BLVD. VERO BEACH, FL 32963-1745	
2. Principal Place of Business		3. Mailing Address 4855 12th street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State VERO BEACH, FL	
Zip	Country	Zip 32966-2650	Country
4. FEI Number 59-1791443		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
04162004 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COLLINS, GEORGE G., JR. 756 BEACHLAND BOULEVARD VERO BEACH, FL 32963		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCRILLIS, BRIAN 4855 12TH STREET VERO BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zip = 32966-2650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PETERSEN, LINDA A. 4855 12TH STREET VERO BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Brian Mccrillis</i> BRIAN MCCRILLIS		Date 04/20/04	Daytime Phone # (772)562-5363
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>