# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 26, 2004 8:00 am**
**Secretary of State**
02-26-2004 90006 007 ****61.25

DOCUMENT # 765705

1. Entity Name

PLUMBERS & PIPEFITTERS LOCAL 123 HOLDING CORPORATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3601 N. MCINTOSH RD.<br>DOVER FL 33527 | 3601 N. MCINTOSH RD.<br>DOVER FL 33527 |

MOORE CR2E037 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4923 W. Cypress Street<br>Suite, Apt. #, etc. | 4923 W. Cypress Street<br>Suite, Apt. #, etc. |
| City & State: Tampa, FL | City & State: Tampa, FL |
| Zip: 33607 Country: USA | Zip: 33607 Country: USA |

4. FEI Number: 59-3511740 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

MCINTOSH, GLENN S
3601 N. MCINTOSH RD
DOVER FL 33527

**7. Name and Address of New Registered Agent**

Name: GLENN S. MCINTOSH
Street Address (P.O. Box Number is Not Acceptable): 4923 W. CYPRESS STREET
City: TAMPA FL Zip Code: 33607

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: GLENN S. MCINTOSH - BUSINESS MANAGER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PT<br>MARSH, THOMAS R<br>406 39TH AVENUE #8<br>SAINT PETERSBURG FL 33703 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | FST<br>MCINTOSH, GLENN S<br>3601 N. MCINTOSH RD<br>DOVER FL 33527 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | RS<br>BOATRIGHT, KARLA O'BERRY<br>11030 LAKESHORE DR<br>LAND O LAKES FL 34639 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPT<br>KOULIAS, NICK<br>721 CRIMSON KING TRACE<br>TARPON SPRINGS FL 34689 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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 617, 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:** _____ 2-16-04 813-636-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #