


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90068 034 ***150.00

DOCUMENT # H74469			
1. Entity Name A TO Z STATE WIDE PLUMBING, INC.			
Principal Place of Business 2215 S. W. 58TH TERRACE HOLLYWOOD, FL 33023 US		Mailing Address 2215 S. W. 58TH TERRACE HOLLYWOOD, FL 33023	
2. Principal Place of Business <i>2215 SW 58 Terr</i>		3. Mailing Address <i>same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Hollywood FL 33023</i>		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2598592		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHECHTER, JEROME R. 346 S.E. 7TH STREET, FIRST FLOOR FT. LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent	
Name <i>888 South Andrews Avenue</i>		Name	
Street Address (P.O. Box Number is Not Acceptable) <i>Suite 201A</i>		Street Address (P.O. Box Number is Not Acceptable)	
City <i>FL Land. FL 33316</i>		City	
State <i>FL</i>		State <i>FL</i>	
Zip Code <i>33316</i>		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: <i>Jerome Schechter</i>		DATE: <i>1/16/04</i>	
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 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	PD DRISCOLL, JOHN P. 2215 S. W. 58TH TERRACE HOLLYWOOD, FL <input 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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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>John Driscoll Pres</i>		Date: <i>1-15-04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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