

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L72997

FILED
Apr 18, 2005
Secretary of State

Entity Name: COX PLUMBING, OF ORLANDO, INC.

Current Principal Place of Business:

177 W. MAINE AVE
LINGWOOD, FL 32752 US

New Principal Place of Business:

177 W. MAINE AVE
LONGWOOD, FL 32750 US

Current Mailing Address:

PO BOX 520399
LONGWOOD, FL 32752 US

New Mailing Address:

FEI Number: 59-3010825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, GERALD ALAN
117 RONNIE DR
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: COX, GERALD A.,
Address: 117 RONNIE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPS () Delete
Name: COX, ESTHER J
Address: 1452 BENT OAK BLVD
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD A. COX

DPTS

04/18/2005

Electronic Signature of Signing Officer or Director

Date