2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90024 036 ***150.00

DOCUMENT # P02000058193

1. Entity Name
DALO PLUMBING, INC.

54033065

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
4705 MI CASA COURT FT MYERS FL 33901	4705 MI CASA COURT FT MYERS FL 33901

2. Principal Place of Business	3. Mailing Address
17248 PHLOX DR.	17248 PHLOX DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS, FL	City & State: FORT MYERS, FL
Zip: 33912 Country: USA.	Zip: 33912 Country: USA.

4. FEI Number 01-0720109 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROE, JAMES S
4705 MICASA CT.
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name: ROE, JAMES S.
Street Address (P.O. Box Number is Not Acceptable): 17248 PHLOX DR.
City: FORT MYERS, FL Zip Code: 33912

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: JAMES S. ROE D/P/T DATE: 4-12-04
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	D/P/T ☐ Change (ADDRESS) ☐ Addition
NAME	ROE, JAMES S	NAME	ROE, JAMES S.
STREET ADDRESS	4705 MI CASA COURT	STREET ADDRESS	17248 PHLOX DR.
CITY-ST-ZIP	FT MYERS FL 33901	CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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.

SIGNATURE: James S Roe / JAMES S. ROE 4-12-04 (239) 466-0520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #