


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-22-2004 90065 017 ***150.00

DOCUMENT # P03000047828

1. Entity Name
PLUMBING WITH PRIDE, INC



Principal Place of Business Mailing Address
720 WILDWOOD DRIVE **720 WILDWOOD DRIVE**
WINTER SPRINGS, FL 32708 US **WINTER SPRINGS, FL 32708 US**

24026184

2. Principal Place of Business 3. Mailing Address
3710 E. Industrial way **same as principal**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



03172004 Chg-P CR2E034 (10/03)

City & State City & State
Riviera Beach FL


4. FEI Number Applied For
56-2352502 Not Applicable

Zip Country Zip Country
33404 **USA**

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

6. Name and Address of Current Registered Agent
PAZIENZA, FRANK T
720 WILDWOOD DRIVE
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent
 Name **Frank T. Paziienza**
 Street Address (P.O. Box Number is Not Acceptable)
3710 E. Industrial way
 City **Riviera Beach** FL Zip Code **33404**

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:  DATE: **3-19-04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PAZIENZA, FRANK T	720 WILDWOOD DRIVE	WINTER SPRINGS, FL 32708	<input type="checkbox"/>
	PAZIENZA FRANK T	180 LENAH TERR. APT 005	N. Palm Beach Fl. 33408	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE: **3-19-04** DAYTIME PHONE #: **561-942-8425**