2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 08, 2004 08:00 AM Secretary of State DOCUMENT # P98000033070 P & P PLUMBING INC. Principal Place of Business Mailing Address 3588 ROSLYN ROAD 3588 ROSLYN ROAD VENICE, FL 34293 VENICE, FL 34293 CR2E034 (10/03) 02172004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0839894 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEKARA, PETER T DO NOT WRITE 3588 ROSLYN ROAD VENICE, FL 34293 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent algrature required when relingiating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE U000000081085 NAME MEKARA, PETER T 03/08/04-80135-008 150.00 STREET ADDRESS 3588 ROSLYN RD CITY-ST-ZIP VENICE, FL 34293 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-789 TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

SIGNATURE:

FILED