2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State
03-03-2004 90014 005 ***150.00

MOORE CR2E034 (11/03)

DOCUMENT # S76922

1. Entity Name

ACCEL PLUMBING INC.

Principal Place of Business	Mailing Address
1847 ARAGON AVENUE # 3 LAKE WORTH FL 33461-2620	1847 ARAGON AVENUE # 3 LAKE WORTH FL 33461-2620

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0278800 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUMMELHEBER, RANDAL M 220 NW 68 AVE. MARGATE FL 33063	Name RANDAL M. HIMMELHEBER Street Address (P.O. Box Number is Not Acceptable) 2200 NW 68TH AVE City MARGATE FL Zip Code 33063

8. The above named entity submits this statement for the purpose of ~~changing~~ CORRECTING 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 X [signature] PRESIDENT/CEO 2/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HIMMELHEBER, RANDAL M		NAME		
STREET ADDRESS	2200 NW 68TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	SECRETARY	☒ Change ☐ Addition
NAME	BELLINGER, ROCHELLE R		NAME	BELLINGER, ROCHELLE R.	
STREET ADDRESS	1444 OLD OKEECHOBEE RD. #8		STREET ADDRESS	1 TROPICAL DRIVE, APT. #3	
CITY-ST-ZIP	WEST PALM BEACH FL 33410		CITY-ST-ZIP	OCEAN RIDGE, FL 33435	
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: X [signature] 2/26/04 561/582-4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #