


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-12-2004 90044 026 ***150.00

DOCUMENT # P03000070690

1. Entity Name
TEAM PLUMBING COMPANY



Principal Place of Business Mailing Address
3504 BATTERSEA COURT **3504 BATTERSEA COURT**
ORLANDO FL 32812 **ORLANDO FL 32812**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

00400000



MOORE CR2E034 (11/03)

4. FEI Number Applied For
83-0363076 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

HARVARD, JOSEPH B Name
3504 BATTERSEA COURT Street Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32812 City **FL** Zip Code

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 _____
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 NAME STREET ADDRESS CITY-ST-ZIP	D, VP ARRIGHI, SCOTT 2700 S.W. WOOD CREEK TRAIL PALM CITY FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / P Arrighi, Scott 3700 S.W. Wood Creek Trail Palm City, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S HARVARD, JOSEPH B 3504 BATTERSEA COURT ORLANDO FL 32812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIS/T
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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: Joseph Harvard / JOSEPH HARVARD Date: 3-8-04 Daytime Phone #: 321-299-3394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR