

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000056006

1. Entity Name
PLOMMER SERVICES INC.



FILED

04 OCT 15 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
240 25TH STREET S.W.
NAPLES, FL 34117

Mailing Address
240 25TH STREET S.W.
NAPLES, FL 34117



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07302004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-1214697

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PLOMMER, GERARD
240 25TH STREET S.W.
NAPLES, FL 34117

Name

Street Address (P.O. Box Number is Not Acceptable)

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Oct 10/04

Amended AR is \$61.25

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 PD
NAME PLOMMER, GERARD
STREET ADDRESS 240 25TH STREET S.W.
CITY-ST-ZIP NAPLES, FL 34117 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 100041909391
STREET ADDRESS 10/15/04--01104--001 **\$61.25
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME PLOMMER, KIMBERLEY A
STREET ADDRESS 240 25TH STREET S.W.
CITY-ST-ZIP NAPLES, FL 34117 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME HOUSTON, THOMAS A
STREET ADDRESS 760 WIGGINS LAKE DR #205
CITY-ST-ZIP NAPLES, FL 34110 ☒ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME POOLE, ERIC J
STREET ADDRESS P O BOX 643
CITY-ST-ZIP ESTERO, FL 33928 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 10/04

Date

239 595 0215

Daytime Phone #