

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000030619
 1. Entity Name
 CERTIFIED LOWER KEYS PLUMBING, INC.



Principal Place of Business: 1014 WHITE STREET, KEY WEST, FL 33040
 Mailing Address: 317 WHITEHEAD STREET, KEY WEST, FL 33040



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04262005 No Chg-P CR2E034 (10/03)
 4. FEI Number: 65-0499238 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MORGAN & HENDRICK
 317 WHITEHEAD STREET
 KEY WEST, FL 33040

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____
 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 1100000342238 04/29/05-80046-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARROSO, BARRY JR
STREET ADDRESS	1804 SEIDENBERG AVENUE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	V
NAME	BARROSO, BRIAN
STREET ADDRESS	18 BAMBOO TERRACE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	S
NAME	BARROSO, GREGORY A
STREET ADDRESS	3606 EAGLE AVE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	T
NAME	BARROSO, BARRY SR
STREET ADDRESS	13 DRIFTWOOD DR.
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: B. Barroso 4/26/05 296-5959
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #