

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000049891

1. Entity Name
PLUMB-CO OF BREVARD, INC.



Principal Place of Business

700 S JOHN RHODES BLVD
UNIT D-4
WEST MELBOURNE, FL 32904 US

Mailing Address

700 JOHN RHODES BLVD UNIT D-4
WEST MELBOURNE, FL 32904 US

DO NOT WRITE IN THIS SPACE

04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3311819

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCIAUDONE, MICHAEL P
700 JOHN RHODES BLVD
D-4
MELBOURNE, FL 32904

**DO NOT WRITE
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 date of application.

(NOTE: Registered Agent signature required when reappointing)

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME SCIAUDONE, MICHAEL P.
STREET ADDRESS 588 PEPPER ST.
CITY-ST-ZIP N.E. PALM BAY, FL 32907

TITLE
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00000346816
04/30/05-80091-001 158.75

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IN THIS SPACE**

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 supplement(s) 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #