

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 176767**

1. Entity Name

**WARRINGTON PLUMBING, INC.**



Principal Place of Business

**C/O FRANCIS J. MABIRE  
910 W. MAIN ST.  
PENSACOLA FL 32501**

Mailing Address

**C/O FRANCIS J. MABIRE  
910 W. MAIN ST.  
PENSACOLA FL 32501**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

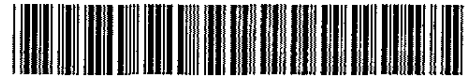
City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number  
**59-0718354**

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

**TODD, MABIRE ALBERT  
910 W MAIN ST  
803 WATSON AVE  
PENSACOLA FL 32501**

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, 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, 2005 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	TODD, MABIRE ALBERT	
STREET ADDRESS	1402 POPPY AVENUE	
CITY- ST- ZIP	PENSACOLA FL 32507	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TROY, MABIRE A	
STREET ADDRESS	910 W MAIN ST	
CITY- ST- ZIP	PENSACOLA FL 32501	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MABIRE, BARBARA	
STREET ADDRESS	803 WATSON AVENUE	
CITY- ST- ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

UN00000225893  
02/11/05-80061-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Albert T. Mabire* **Albert T. Mabire**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/9/05* **850-432-3393**