

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 197197

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: CY BLUE PLUMBING, INC.

## Current Principal Place of Business:

5670 PINKNEY AVE  
SARASOTA, FL 34233 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 20727  
SARASOTA, FL 342763727 US

## New Mailing Address:

FEI Number: 59-0787757      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WOLF, JON  
4541 LAKE VISTA DR.  
SARASOTA, FL 34233 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WOLF, ROBBIE J  
Address: 6271 MANDARIN RD.  
City-St-Zip: SARASOTA, FL 34238 US

Title: VD ( ) Delete  
Name: WOLF, CAROLYN S.  
Address: 4541 LAKE VISTA DR.  
City-St-Zip: SARASOTA, FL 34233 US

Title: ST ( ) Delete  
Name: WOLF, JON,  
Address: 4541 LAKE VISTA DR.  
City-St-Zip: SARASOTA, FL 34233 US

Title: D ( ) Delete  
Name: WOLF, JON,  
Address: 4541 LAKE VISTA DR.  
City-St-Zip: SARASOTA, FL 34233 US

Title: VC ( ) Delete  
Name: WOLF, ROBBIE J.,  
Address: 6271 MANDARIN ROAD  
City-St-Zip: SARASOTA, FL 34238 US

Title: V ( ) Delete  
Name: BUCKMASTER, JODY  
Address: 2435 BROWNING ST.  
City-St-Zip: SARASOTA, FL 34237 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBB WOLF

P

01/07/2005

Electronic Signature of Signing Officer or Director

Date