


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90059 008 ***150.00

DOCUMENT # 204700 1. Entity Name CROWELL PLUMBING & HEATING CO., INC.	
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Principal Place of Business 7305 FLORIDA AVE TAMPA, FL 33604-4837	Mailing Address 7305 FLORIDA AVE TAMPA, FL 33604-4837
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DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0808499	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CROWELL, ROBERT W
7305 N. FLORIDA AVE.
TAMPA, FL 33604**

**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 title if applicable. (NOTE: Registered Agent signature required when registering.)

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 NAME STREET ADDRESS CITY-ST-ZIP	P CROWELL, ROBERT 7305 FLORIDA AVE. TAMPA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROWELL, TERRI 7305 N FLORIDA AVE TAMPA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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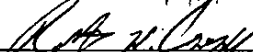
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05
Date

813-232-8001
Daytime Phone #