

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 242736

1. Entity Name
ALPAUGH PLUMBING & SUPPLY OF TAMPA INC



Principal Place of Business
ROBERT B ALPAUGH
9002 N NEBRASKA AVE.
TAMPA, FL 33604-1738

Mailing Address
ROBERT B ALPAUGH
9002 N NEBRASKA AVE.
TAMPA, FL 33604



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0915553

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALPAUGH, ROBERT B
9002 N NEBRASKA 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 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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ALPAUGH, ROBERT B
STREET ADDRESS 401 BRENTWOOD DRIVE
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE VP
NAME GORDON, KAREN
STREET ADDRESS 3213 W ROBSON
CITY-ST-ZIP TAMPA, FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/24/05 813
933-3939