

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 331808

1. Entity Name
DON HARRIS PLUMBING CO., INC.



Principal Place of Business
**4029 BLANDING BOULEVARD
JACKSONVILLE, FL 32210**

Mailing Address
**PO BOX 14668
JACKSONVILLE, FL 32210 US**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1214195

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRIS, NELSON D
4641 RAGGEDY POINT RD
ORANGE PARK, FL 32003**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 HARRIS, NELSON D
STREET ADDRESS 4029 BLANDING BLVD.
CITY-ST-ZIP JACKSONVILLE, FL

TITLE T
NAME HARRIS, NELSON D.
STREET ADDRESS 4029 BLANDING BLVD.
CITY-ST-ZIP JACKSONVILLE, FL

TITLE D
NAME HARRIS, ANITA J
STREET ADDRESS 4029 BLANDING BLVD.
CITY-ST-ZIP JACKSONVILLE, FL

TITLE V
NAME WOLLITZ, MARK L
STREET ADDRESS 9323 ALMA ST
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE
NAME
STREET ADDRESS
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)(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, without other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-04 904-772-0900
Date Daytime Phone #