

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 378271

FILED
Jan 13, 2005
Secretary of State

Entity Name: PLUMBING SERVICES BY GUS, INC.

Current Principal Place of Business:

1422 PINEHURST RD
P O BOX 9
DUNEDIN, FL 346977009

New Principal Place of Business:

Current Mailing Address:

1422 PINEHURST RD
P O BOX 9
DUNEDIN, FL 346977009

New Mailing Address:

FEI Number: 59-1346694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASON-HATCH, RAMONA G
1422 PINEHURST ROAD
DUNEDIN, FL 34698 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: SVP () Delete
Name: DOAN, F. EARLINE,
Address: 1360 LEONA DR. SW
City-St-Zip: LARGO, FL

Title: PTD () Delete
Name: CASON-HATCH, RAMONA G
Address: 1390 GULF BLVD #1004
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D () Delete
Name: BRITTON, BRIGITTE,
Address: 1743 ALT 19 S.
City-St-Zip: TARPON SPGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SVP (X) Change () Addition
Name: HEIL, KATHERINE A
Address: 537 MIDWAY LANE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PTD (X) Change () Addition
Name: CASON-HATCH, RAMONA G
Address: 1422 PINEHURST ROAD
City-St-Zip: DUNEDIN, FL 34698

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: KATHERINE A HEIL

SVP

01/13/2005

Electronic Signature of Signing Officer or Director

_____ Date