

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 401889

Entity Name: NOVA PLUMBING, INC

FILED  
Feb 27, 2004  
Secretary of State

**Current Principal Place of Business:**

2079 NORTH POWERLINE ROAD  
SUITE #1  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

2079 NORTH POWERLINE ROAD  
SUITE #1  
POMPANO BEACH, FL 33069

**New Mailing Address:**

FEI Number: 59-1395447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAVENDER, JOEL R  
507 SOUTHEAST 11TH CT  
FORT LAUDERDALE, FL 33316

**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: VP ( ) Delete  
Name: LANNI, ALAN  
Address: 6286 S.W. 20 STREET  
City-St-Zip: POMPANO, FL 33068

Title: ST ( ) Delete  
Name: NIXON, GAILE  
Address: 137 E. PALM DRIVE  
City-St-Zip: POMPANO BEACH, FL 33063

Title: P (X) Delete  
Name: NIXON, GRANT  
Address: 137 E. PALM DRIVE  
City-St-Zip: MARGATE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: NIXON, GRANT  
Address: 137 EAST PALM DRIVE  
City-St-Zip: MARGATE, FL 33063 US

Title: ST (X) Change ( ) Addition  
Name: NIXON, GAILE  
Address: 137 EAST PALM DRIVE  
City-St-Zip: MARGATE, FL 33063 US

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: GRANT NIXON

P

02/27/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date