

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90025 043 ***158.75

DOCUMENT # 413241

1. Entity Name
ALL-FLORIDA PLUMBING & ELECTRICAL SUPPLY CO



Principal Place of Business
**% RICHARD & WANDA BEAZLEY
1670 NORTH NOVA ROAD
DAYTONA, FL 32117 US**

Mailing Address
**% RICHARD & WANDA BEAZLEY
1670 NORTH NOVA ROAD
DAYTONA, FL 32117 US**



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1438186	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

Change **BEAZLEY, RICHARD**
2nd Request
56405 HICKORY RD
ASTOR, FL 32102

**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 *Richard H. Beazley I*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1-28-05*

**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 BEAZLEY, RICHARD I 56405 HICKORY RD ASTOR, FL 32102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEAZLEY, RICHARD II 3790 CARRICK DRIVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP BEAZLEY, CLAYTON 1670 N. NOVA ROAD DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEAZLEY, WANDA 56405 HICKORY RD. ASTOR, FL 32102
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, with all other like empowered.

SIGNATURE:

Clayton E. Beazley I
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/05 *386-252-4695*