2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 441968

1. Entity Name
GOSLINE PLUMBING & SPRINKLER COMPANY, INC.

Principal Place of Business	Mailing Address
1501 AVENUE E	1501 AVENUE E
RIVIERA BEACH, FL 33404	RIVIERA BEACH, FL 33404

DO NOT WRITE IN THIS SPACE

02042004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1522704	Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, FRANK D
913 MONTEGO DR
W PALM BCH, FL 33415

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, 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	DAVIS, TIMOTHY ALLEN
STREET ADDRESS	4817 PINE CONE LN
CITY-ST-ZIP	W PALM BCH, FL
TITLE	TSD
NAME	DAVIS, FRANK
STREET ADDRESS	913 MONTEGO DRIVE
CITY-ST-ZIP	W PALM BEACH, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Frank D. Davis Sect_   2-4-04   561-842-9925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #