

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 462533**  
1. Entity Name  
**ED MARTIN PLUMBING COMPANY**



Principal Place of Business  
**10558 -75TH ST N.  
LARGO, FL 33777 US**

Mailing Address  
**10558 -75TH ST N.  
LARGO, FL 33777 US**



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1556280**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WILLIAM N. MARTIN  
10558- 75TH ST N.  
LARGO, FL 33777**

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
**STD  
MARTIN, ROSE MARIE  
9416 126TH AVE NORTH  
LARGO, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
MARTIN, WILLIAM "MARK"  
7853 SHADOW RUN DR.  
LARGO, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
TURNBULL, TAMI DEANNE  
9416 126TH AVE NORTH  
LARGO, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000212125  
02/03/05-80018-015 150.00

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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 another like empowered.

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

Date

Daytime Phone #