2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State
01-20-2005 90034 025 ***150.00

DOCUMENT # 512061

1. Entity Name
A.D. BAYNARD PLUMBING, INC.

Principal Place of Business	Mailing Address
1696 OLD BARTOW ROAD LAKE WALES, FL 33859-8106	1696 OLD BARTOW ROAD LAKE WALES, FL 33859-8106

DO NOT WRITE IN THIS SPACE

01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1807473
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FULMER, DIANNA B.
422 CANAL DRIVE
LAKE WALES, FL 33859-8757

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	FULMER, DONALD M.
STREET ADDRESS	422 CANAL DRIVE
CITY-ST-ZIP	LAKE WALES FL,
TITLE	VP
NAME	FULMER, DIANNA B.
STREET ADDRESS	422 CANAL DRIVE
CITY-ST-ZIP	LAKE WALES FL,
TITLE	VP
NAME	BAYNARD, ASHLEY DANIEL
STREET ADDRESS	123 FIRST AVE. SOUTH
CITY-ST-ZIP	LAKE WALES, FL
TITLE	ST
NAME	GRESKOWITZ, CHRISTIE B.
STREET ADDRESS	433 CANAL DRIVE
CITY-ST-ZIP	LAKE WALES, FL
TITLE	
NAME	
STREET ADDRESS	
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: Dianna B. Fulmer 1-14-05 863 676-2116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #