


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 512866				
1. Entity Name K. F. RICE AND SON PLUMBING AND HEATING COMPANY				
Principal Place of Business 3420 N.E. 13TH TERRACE POMPANO BEACH FL 33064		Mailing Address 3420 N.E. 13TH TERRACE POMPANO BEACH FL 33064		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
RICE, KENNETH F. 3420 N.E. 13TH TERRACE POMPANO BEACH FL 33064				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing \$5.00 May 2 Trust Fund Contribution. <input type="checkbox"/> Added to Fees </div> </div>				
10. OFFICERS AND DIRECTORS				
TITLE	STD	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	RICE, VIVIAN		<input type="checkbox"/> Change <input type="checkbox"/> Additions	
STREET ADDRESS	3420 NE 13TH TERR		000000347867 05/02/05-80003-011 150.00	
CITY-ST-ZIP	POMPANO BCH, FL 00000			
TITLE	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Additions	
NAME	WILSON, PAMELA			
STREET ADDRESS	624 NW 47TH ST.			
CITY-ST-ZIP	POMPANO BEACH FL			
TITLE	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Additions	
NAME	RICE, KENNETH F			
STREET ADDRESS	3420 NE 13TH TERR			
CITY-ST-ZIP	POMPANO BCH, FL 00000			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Additions	
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Additions	
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Additions	
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vivian Rice **VIVIAN RICE** 4-28-05 954-942-1046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #