

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90022 011 ***150.00

DOCUMENT # 526376

1. Entity Name

TERMINE PIPE AND PLUMBING SUPPLY, INC.



Principal Place of Business

2900 HARPER RD.
MELBOURNE FL 32904-1155

Mailing Address

2900 HARPER RD.
MELBOURNE FL 32904-1155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1737379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, CYNTHIA T
2380 GOLFWOOD RD
MELBOURNE FL 32-9355

7. Name and Address of New Registered Agent

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME CRUMBAUGH, JAY
STREET ADDRESS 1147 HIAWATHA ST.
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ Delete

NAME SMITH, CYNTHIA T.
STREET ADDRESS 2380 GOLFWOOD RD
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ Delete

NAME TERMINE, JOSEPH
STREET ADDRESS 955 PLACID DR
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☒ Delete

NAME CARTER, JOHN
STREET ADDRESS 202 COLUMBUS AVENUE
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ Delete

NAME TERMINE, JODI
STREET ADDRESS 954 SARNO ROAD
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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)(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:

John Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04

Date

321-724-4610

Daytime Phone #