## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 532997**

Entity Name: FITZPATRICK PLUMBING, INC

FILED Apr 14, 2005 Secretary of State

Current Principal Place of Business:  4006 SUNRISE BLVD. FT PIERCE, FL 349822117  Current Mailing Address:			New Principal Place of Business:  4042 SUNRISE BLVD. FT PIERCE, FL 349822117  New Mailing Address:						
					P.O. BOX FT. PIERC	12117 CE, FL 34979211	7		
					FEI Number: 59-1732902 FEI Number Applied For ( )		FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:						
4042 SUN FT. PIERC	,	US	purpose of changing its registere	ed office or registered agent, or bot					
in the State	e of Florida.								
SIGNATUI									
Election Car		Signature of Registered Ag rust Fund Contribution ().	ent	Date					
OFFICER	S AND DIRECTO	DRS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECT					
Title: Name: Address: City-St-Zip:	D () De FITZPATRICK, GE 2910 GROVE DR. FORT PIERCE, FL	RALDINE	Title: Name: Address: City-St-Zip:	() Change () Addition					
Title: Name: Address: City-St-Zip:	PRES () De FITZPATRICK, ST 4042 SUNRISE BL FORT PIERCE, FL	EPHEN C .VD.	Title: Name: Address: City-St-Zip:	() Change () Addition					
Title: Name: Address: City-St-Zip:	ST () De WILSON, KAREN 395 E. MIDWAY R FORT PIERCE, FL	F D.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition					
Title: Name: Address: City-St-Zip:	D () De FITZPATRICK, GR 2910 GROOVE DE FORT PIERCE, FL	ADY C R.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition					
Title: Name: Address:	D () De BUTCHER, GRAD 4042 SUNRISE BI	Y	Title: Name: Address:	( ) Change ( ) Addition					

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KAREN F. WILSON ST 04/14/2005

City-St-Zip: FORT PIERCE, FL 34982