

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 551965**

1. Entity Name

JIM MANGRUM PLUMBING COMPANY, INC.



Principal Place of Business

4722 WESCONNETT BLVD  
JACKSONVILLE, FL 32210 US

Mailing Address

4722 WESCONNETT BLVD  
JACKSONVILLE, FL 32210 US



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1783930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L  
1930 SAN MARCO BLVD #201  
(ST MARKS PLACE)  
JACKSONVILLE, FL 32207

**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 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MANGRUM, KENNETH J  
STREET ADDRESS 5543 VISTA VERDE ST  
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE VP  
NAME ALLEN, RICKY J  
STREET ADDRESS 8138 CORKY LANE  
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE ST  
NAME HANCOCK, REBECCA A  
STREET ADDRESS 5522 RAINEY AVE W  
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000007041  
01/20/04-80007-011 150.00

**DO NOT WRITE  
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 all other like empowered

SIGNATURE: Rebecca A. Hancock

REBECCA A. HANCOCK

JANUARY 15, 2004

(904) 772-0428

Date

Daytime Phone #