


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90012 016 ***150.00

DOCUMENT # 552053	
1. Entity Name PLUMB BUILDERS, INC.	

Principal Place of Business 1908 VANDERVORT RD. LUTZ FL 33549	Mailing Address 1908 VANDERVORT RD. LUTZ FL 33549
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1908 VANDERVORT RD.	
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2. Principal Place of Business 1908 VANDERVORT RD. Suite, Apt. #, etc.	3. Mailing Address 1908 VANDERVORT RD. Suite, Apt. #, etc.
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City & State LUTZ, FL.	City & State LUTZ, FL.
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Zip 33549	Country HILLSBOURGH	Zip 33549	Country HILLSBOURGH
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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FOSTER, EDWIN J 1908 VANDERVORT RD. LUTZ FL 33549	
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 _____

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOSTER, EDWIN J		NAME	
STREET ADDRESS 1908 VANDERVORT RD.		STREET ADDRESS	
CITY-ST-ZIP LUTZ FL 33549		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLARK, KENNETH W		NAME	
STREET ADDRESS 8325 GALEWOOD CR.		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33614		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOSTER, KRISTIA-S		NAME	
STREET ADDRESS 1908 VANDERVORT RD.		STREET ADDRESS	
CITY-ST-ZIP LUTZ FL 33549		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Edwin J. Foster **EDWIN J. FOSTER** 1/26/04 813 949-5775
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #