

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
May 27, 2005 8:00 am
Secretary of State

04-29-2005 90227 011 ***150.00

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1st MOORE CR2E034 (10/04)

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|---|-----------------------------------|---------------------------------|---|---|--|
| DOCUMENT # 613235 | | | |  | |
| 1. Entity Name A-1 PLUMBING OF SARASOTA, INC. | | | | | |
| Principal Place of Business 1355 BLVD. OF THE ARTS "D" SARASOTA FL 34236 US | | | Mailing Address PO BOX 1857 SARASOTA FL 34230 US | | |
| 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 59-1968650 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| PENIX.WENDELL, DEBORAH A 1355 6TH STREET Blvd of the Arts SARASOTA FL 34236 | | | 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 <u>Debbie Wendell</u> (NOTE: Registered Agent signature required when resigning) DATE <u>1/28/05</u> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | | |
| 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 | PENIX, JOSEPH E | | NAME | | |
| STREET ADDRESS | 1041 HANCOCK AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34232 | | CITY-ST-ZIP | | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PENIX WENDELL, DEBORAH ANN | | NAME | | |
| STREET ADDRESS | 8171 PALMER BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34240 | | CITY-ST-ZIP | | |
| TITLE | STD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PENIX, GREGORY ALAN | | NAME | | |
| STREET ADDRESS | 4834 WILD DOVE LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34232 | | 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: <u>Debbie Wendell</u> | | | Date <u>5/25/05</u> Daytime Phone # <u>366-8895</u> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |