

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 629926

1. Entity Name
FUTURE PLUMBING AND LAWN IRRIGATION, INC.



Principal Place of Business
**7204 ALOMA AVENUE
WINTER PARK, FL 32792**

Mailing Address
**7204 ALOMA AVENUE
WINTER PARK, FL 32792**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1901657

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JENKINS JR, LONNIE W
13519 LACEBARK PINE ROAD
ORLANDO, FL 32832**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JENKINS JR, LONNIE W
STREET ADDRESS	13519 LACEBARK PINE ROAD
CITY-ST-ZIP	ORLANDO, FL 32832

TITLE	V
NAME	WHITE, CECIL E
STREET ADDRESS	14245 DEL JEAN CIR
CITY-ST-ZIP	ORLANDO, FL 32828

TITLE	ST
NAME	HAWKES, GARY L
STREET ADDRESS	409 OREGON AVENUE
CITY-ST-ZIP	SAINT CLOUD, FL 34769

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000180532
01/14/05-80011-024 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY L. HAWKES

1/12/05

Date

407-677-1285

Daytime Phone #