

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # 636589

1. Entity Name

PALM PLUMBING, INC.



Principal Place of Business

14 UTILITY DR.
PALM COAST FL 32137-8444
US

Mailing Address

15 FT. CAROLINE COURT
PALM COAST FL 32137-8444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1950062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATZ, B. PAUL
ATRIUM SUITE
1 FLORIDA PARK DRIVE SOUTH
PALM COAST FL 32137

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

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	EVANS, IRENE	
STREET ADDRESS	15 FT. CAROLINE CT.	
CITY - ST - ZIP	PALM COAST FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	EVANS, RAYMOND J.	
STREET ADDRESS	15 FT. CAROLINE CT.	
CITY - ST - ZIP	PALM COAST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, MARTIN J	
STREET ADDRESS	15 FT CAROLINE CT	
CITY - ST - ZIP	PALM COAST FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARZ, MICHAEL	
STREET ADDRESS	80 ARROYO PKWAY	
CITY - ST - ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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02/10/05-80044-008 150.00

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

RAYMOND EVANS

Date

Daytime Phone #

2/8/05 386 445-2532