2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 03, 2004 8:00 am Secretary of State **DOCUMENT # 639951** 1. Entity Name 05-03-2004 90688 018 ***150.00 GIDEONS' PLUMBING CO., INC. Principal Place of Business Mailing Address 121 CENTRAL DR BRANDON FL 33510 121 CENTRAL DR SUITE D401 BRANDON FL 33510 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-3049583 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRECO, JAMES Street Address (P.O. Box Number is Not Acceptable) **420 WENDEL AVE** LITHIA FL 33547 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD TITLE ☐ Change □ Addition Delete GRECO, JAMES NAME NAME STREET ADDRESS 420 WENDEL AVE STREET ADDRESS CITY-ST-ZIP LITHIA FL 33547 CITY-ST-ZIP TS TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GRECO LEE, TERESA NAME STREET ADDRESS 3506 HOLLAND DR STREET ADDRESS BRANDON FL 33511 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME: GRECO, LEONARD -MAME STREET ADDRESS 107 ANGLEWOOD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-7IP TITLE ☐ Change Delete TITLE Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED