


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 851533	
1. Entity Name FRANKENMUTH PLUMBING & HEATING, INC.	

Principal Place of Business 17281 ALICO CENTER RD SUITE #2 FT MYERS, FL 33912 US	Mailing Address 17281 ALICO CENTER RD SUITE #2 FT MYERS, FL 33912-6019 US
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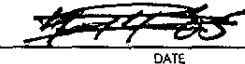
DO NOT WRITE IN THIS SPACE



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number 38-1908827	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 SHORT, DONALD G. 17281 ALICO CENTER RD STE 2 FT MYERS, FL 33912	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 	(NOTE: Registered Agent signature required when reinstating)	DATE 
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1110000309673 04/16/05-80046-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLEMONS, WILLIAM 17281-2 ALICO CENTER RD FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHORT, DONALD G 17281 ALICO CENTER RD 2 FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV SHORT, MARK 7660 MEILKE RD FREELAND MI 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(f), 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: 	4-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #