

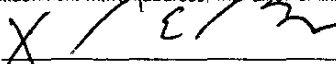
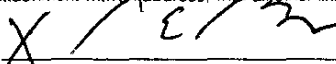


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90780 034 ***150.00

DOCUMENT # F03000000975 1. Entity Name NORTHWEST PLUMBING FLORIDA, INC.					
Principal Place of Business 6410 FACTORY SHOALS ROAD MABLETON, GA 30126			Mailing Address 4788 LONG ISLAND DRIVE ATLANTA, GA 30342		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6410 Factory Shoals Rd. Suite, Apt. #, etc.		 04262004 Chg-P CR2E034 (10/03)	
City & State		City & State Mableton, GA			
Zip Country		Zip Country 30126			
4. FEI Number 36-4521655		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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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		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.			
TITLE PD <input type="checkbox"/> Delete NAME MAHAFFEY, WILLIAM STREET ADDRESS 6410 FACTORY SHOALS ROAD CITY-ST-ZIP MABLETON, GA 30126		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		13. SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WAYNE BLOCKERBY	
TITLE VPTD <input type="checkbox"/> Delete NAME BRADY, RAY STREET ADDRESS 6410 FACTORY SHOALS ROAD CITY-ST-ZIP MABLETON, GA 30126		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE VPD <input type="checkbox"/> Delete NAME MAHAFFEY, TONY STREET ADDRESS 6410 FACTORY SHOALS ROAD CITY-ST-ZIP MABLETON, GA 30126		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE VPSD <input type="checkbox"/> Delete NAME WHITLOCK, TONY STREET ADDRESS 6410 FACTORY SHOALS ROAD CITY-ST-ZIP MABLETON, GA 30126		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME WHITLOCK, EDMUND STREET ADDRESS 6410 FACTORY SHOALS RD. CITY-ST-ZIP MABLETON, GA 30126			
TITLE D <input type="checkbox"/> Delete NAME BELL, LISA M STREET ADDRESS 6410 FACTORY SHOALS ROAD CITY-ST-ZIP MABLETON, GA 30126		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D <input type="checkbox"/> Delete NAME BLOCKERBY, WAYNE STREET ADDRESS 6410 FACTORY SHOALS ROAD CITY-ST-ZIP MABLETON, GA 30126		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME BLACKERBY, WAYNE STREET ADDRESS 6410 FACTORY SHOALS RD. CITY-ST-ZIP MABLETON, GA 30126			
14. SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WAYNE BLOCKERBY					

4/29/04 770 941 5421
 Date Daytime Phone #