## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # F49610 1. Entity Name WAYNE DUKES PLUMBING, INC. Principal Place of Business Mailing Address 2043 NE 43RD ST P.O. BOX 263 **OCALA, FL 34479** OCALA, FL 34478 US 04232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2134785 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DUKES, WAYNE DO NOT WRITE 2043 NE 43 ST OCALA, FL 34479 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DST TITLE MAME DUKES, CHEARIE STREET ADDRESS 2043 NE 43RD STREET CITY-ST-ZIP OCALA, FL U0000136962 DP TITLE 04/29/04-80021-021 150.00 NAME DUKES, WAYNE STREET ADDRESS 2043 NE 43RD STREET OCALA, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

SIGNATUR

4/26/04

352)732-2761

**FILED** 

Daytime Phone #