

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90004 032 ***150.00

DOCUMENT # F55454

1. Entity Name
MIKE VON STETINA PLUMBING, INC.



Principal Place of Business
**C/O MICHAEL F. VON STETINA
333 - NINTH STREET NORTH
ST. PETERSBURG, FL 33701**

Mailing Address
**C/O MICHAEL F. VON STETINA
333 - NINTH STREET NORTH
ST. PETERSBURG, FL 33701**

94045569



02252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2139275

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

corrected
**STETINA, MIHCAEL F. VON Von Stetina, Michael
333 NINTH STREET NORTH
ST. PETERSBURG, FL 33701 Street name change to:
333 Dr. M.L.King Jr. Street North**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VON STETINA, MICHAEL F.
STREET ADDRESS	12385 74TH AVENUE NORTH
CITY-ST-ZIP	N.REDINGTON BCH., FL 33772
TITLE	VSD
NAME	VON, STETINA, JOANNE
STREET ADDRESS	12385 74TH AVENUE NORTH
CITY-ST-ZIP	N.REDINGTON BCH., FL 33772
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)(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

Date

Daytime Phone #