

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F91873 1. Entity Name WHITEHEAD PLUMBING, INC.	
--	---

Principal Place of Business 1601 FRANKFORD AV PANAMA CITY, FL 32405-2647	Mailing Address 1601 FRANKFORD AV PANAMA CITY, FL 32405-2647
---	---



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2213825	Applied for Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent WHITEHEAD, FRANK L. 800 E PIERSON DR LYNN HAVEN, FL 32444
--

**DO NOT WRITE
IN THIS SPACE**

I, 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 _____

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

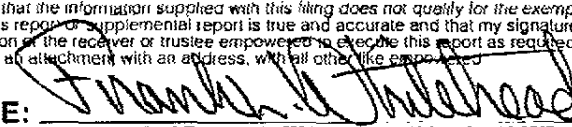
9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
--	---------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD WHITEHEAD, FRANK L 800 E. PIERSON DR. LYNN HAVEN, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TS WHITEHEAD, DIANE 800 E. PIERSON DR. LYNN HAVEN, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD BROWN, CHESTER III 502 FLORIDIAN PLACE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S BROWN, NANCY 502 FLORIDIAN PLACE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

01/21/04-80019-010 158.75

**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 of this report or attachment with an address, which all other like information changed or changed.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DWS

Daytime Phone #