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	*Mailing Address*
1601 FRANKFORD AV PANAMA CITY, FL 32405-2647	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

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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: _____
Signature, typed or printed name of registered agent and title if applicable (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	PD
NAME	WHITEHEAD, FRANK L
STREET ADDRESS	800 E. PIERSON DR.
CITY-ST-ZIP	LYNN HAVEN, FL
TITLE	TS
NAME	WHITEHEAD, DIANE
STREET ADDRESS	800 E. PIERSON DR.
CITY-ST-ZIP	LYNN HAVEN, FL
TITLE	VD
NAME	BROWN, CHESTER III
STREET ADDRESS	502 FLORIDIAN PLACE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	S
NAME	BROWN, NANCY
STREET ADDRESS	502 FLORIDIAN PLACE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/04-80019-010 158.75

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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: Frank L Whitehead
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #