


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90255 044 ***150.00

DOCUMENT # F94900

1. Entity Name
 TRYON PLUMBING, INC.



Principal Place of Business
 925 WAGNER PLACE
 P. O. BOX 1303
 FT. PIERCE, FL 34954

Mailing Address
 P O BOX 13025
 FT. PIERCE, FL 34979 US

50041807



2. Principal Place of Business
 925 WAGNER PL.

3. Mailing Address

Suite, Apt. #, etc.
 FORT Pierce FL

Suite, Apt. #, etc.

04012005 Chg-P CR2E034 (10/03)

City & State
 34982 St. Lucie

City & State

4. FEI Number
 59-2223731

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DEROSS, JOSEPH J., JR.
 100 AVENUE A, SUITE C
 FT. PIERCE, FL 34950~~

Name JOSEPH J. DeROSS - dr
 Street Address (P.O. Box Number is Not Acceptable)
401 S. DOD. RD. DR.

City FT PIERCE FL Zip Code 34950

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]

DATE 4/18/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD PRESIDENT Delete
 NAME TRYON, ROBERT C
 STREET ADDRESS 4207 BRIFTWOOD LANE
 CITY-ST-ZIP FT PIERCE, FL

TITLE PRESIDENT Change Addition
 NAME TRYON ROBERT C
 STREET ADDRESS 410 NW DOLER CT
 CITY-ST-ZIP PORT ST LUCIE, FL 34983

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Date 04-18-05 Daytime Phone # (772) 465-0284