


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # G08244 1. Entity Name PHILLIP MAURICI PLUMBING, INC.	
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Principal Place of Business % PHILLIP MAURICI 14545 N.FLORIDA AVE. TAMPA, FL 33613	Mailing Address % PHILLIP MAURICI 14545 N.FLORIDA AVE. TAMPA, FL 33613
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2234969	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAURICI, PHILLIP 14545 N FLORIDA AVE TAMPA, FL 33613	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAURICI, PHILLIP N 14545 N FLORIDA AVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAURICI, STEPHEN 211 CHAPMAN RD W LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REID, DENA M 211 CHAPMAN ROAD, W LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAURICI, DENISE 211 CHAPMAN RD W LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/18/05-80009-023 150.00

**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: <u>Phillip Maurici</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____ Daytime Phone # <u>813 961 2683</u>
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