


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 11, 2004 08:00 AM
Secretary of State**

DOCUMENT # G86740 1. Entity Name MIKELL PLUMBING, INC.	
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Principal Place of Business 722 N CENTRAL AVE KISSIMMEE, FL 34741	Mailing Address 722 N CENTRAL AVE KISSIMMEE, FL 34741
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2432894	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THACKER, JO O C/O OVERSTREET, RITCH AND THACKER 100 CHURCH STREET KISSIMMEE, FL 34741	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 _____ (NOTE: Registered Agent signature required when re-registering) 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 <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	VP MIKELL, CHARLES L. 1809 W. BROWN ST. KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIKELL, JACQUELYN R. 1809 W. BROWN ST. KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIKELL, JOHN C. 722 N. CENTRAL AVE. KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/11/04-80077-002 150.00

**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: John C. Mikell **JOHN C. MIKELL** 9 JAN 04 407847-4421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #