


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # H55456							
1. Entity Name HERZER PLUMBING SERVICE, INC.							
Principal Place of Business 17 ROBIN ROAD ORANGE PARK FL 32073-6401 US		Mailing Address HERZER PLUMBING SERVICE P.O. BOX 422 ORANGE PARK FL 32067-0422 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2571844	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BUCHMAN, GLENN E 3453 RED OAK CIRCLE EAST ORANGE PARK FL 32073			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 <i>Glenn Buchman</i>			DATE 1-21-04				
SIGNATURE, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			DATE				
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BUCHMAN, GLENN E		NAME				
STREET ADDRESS	3453 RED OAK CIRCLE EAST		STREET ADDRESS	U00000017535			
CITY - ST - ZIP	ORANGE PARK FL 32073		CITY - ST - ZIP	01/28/04-80099-008 150.00			
TITLE	STC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BUCHMAN, BRYAN E		NAME				
STREET ADDRESS	1434 ALLEN MAC COURT		STREET ADDRESS				
CITY - ST - ZIP	ORANGE PARK FL		CITY - ST - ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BUCHMAN, BETTY J.		NAME				
STREET ADDRESS	17 ROBIN ROAD		STREET ADDRESS				
CITY - ST - ZIP	ORANGE PARK FL		CITY - ST - ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BUCHMAN, EDWARD E		NAME				
STREET ADDRESS	17 ROBIN ROAD		STREET ADDRESS				
CITY - ST - ZIP	ORANGE PARK FL 32073		CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				



MOORE CR2E034 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Glenn Buchman* 1-21-04 904-264-6171  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #