


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # H62110 1. Entity Name TRAPNELL PLUMBING, INC.	
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Principal Place of Business 905 E. SPARKMAN RD. PLANT CITY, FL 33566	Mailing Address 905 E. SPARKMAN RD. PLANT CITY, FL 33566
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DO NOT WRITE IN THIS SPACE



01102004 No Chg-P CR2E034 (10/03)

4. FBI Number 59-2546283	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 TRAPNELL, WILLIAM W., JR. 905 E. SPARKMAN RD. PLANT CITY, FL 33566	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 reinstating) DATE _____

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	1000000018937 01/29/04-80045-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TRAPNELL, WILLIAM W., JR 905 E. SPARKMAN RD. PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST TRAPNELL, CHERYL H. 905 E. SPARKMAN RD. PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DDV TRAPNELL, WILLIAM THADDE 2819 LLOYD HUMPHREY LANE PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(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: William W. Trapnell Jr 1-27-04 813-7547170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #