


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90697 012 ***150.00

DOCUMENT # H63733 1. Entity Name H.C. FRASCONA PLUMBING CO., INC.					
Principal Place of Business C/O HAROLD S. RICHMOND 227 W. JEFFERSON STREET QUINCY, FL 32351			Mailing Address C/O HAROLD S. RICHMOND 227 W. JEFFERSON STREET QUINCY, FL 32351		
2. Principal Place of Business 103 W. CLARK ST		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		4. FEI Number 59-2542496			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RICHMOND, HAROLD S. 227 W. JEFFERSON STREET QUINCY, FL 32351				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRASCONA, H. C. 103 W. CLARK ST. QUINCY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SINGLETERY, KYMBERLY A 404 N. 11 ST. QUINCY, FL 32351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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>H. C. Frascona</u> H.C. FRASCONA 4-26-04 8506277741					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

54050487

Law Offices
of
Hal Richmond

Harold S. Richmond
Attorney at Law

227 East Jefferson Street
P.O. Box 695
Quincy, FL 32353-0695
Telephone 850-875-1339
Telecopier 850-875-1164

April 26, 2004

Department of State
Division of Corporations
PO Box 6198
Tallahassee, FL 32314

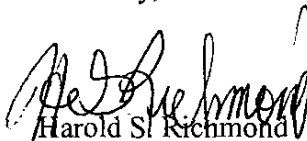
Re: H.C. FRASCONA PLUMBING CO., INC.
Document #H63733

Dear Sir or Madame:

Enclosed please find the original Annual Report for the above referenced organization.
In addition, a check in the sum of \$150.00 is enclosed for your fee.

Thank you for your assistance.

Sincerely,


Harold S. Richmond

HSR:b
Enclosures