

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # H66265

1. Entity Name
PINE CREST PLUMBING, INC.



Principal Place of Business

**4251 NORTHEAST 6TH AVE
OAKLAND PARK, FL 33334 US**

Mailing Address

**% SYLVESTER H. FERRY
4420 N.W. 19TH AVENUE
FORT LAUDERDALE, FL 33309**



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2549771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERRY, PATRICIA A.
4420 N.W. 19TH AVENUE
FORT LAUDERDALE, FL 33334**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **FERRY, SYLVESTER H.**
STREET ADDRESS **4420 N.W. 19TH AVENUE**
CITY-ST-ZIP **FT LAUDERDALE, FL**

TITLE **TS**
NAME **FERRY, PATRICIA A.**
STREET ADDRESS **4420 N.W. 19TH AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE, FL**

TITLE **PD**
NAME **FERRY, DANIEL**
STREET ADDRESS **4251 NE 6TH AVE**
CITY-ST-ZIP **OAKLAND PARK, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000041783
02/09/04-80102-025 150.00

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04 9544911585
Date Daytime Phone #