

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H87167

FILED
Jan 21, 2004
Secretary of State

Entity Name: T. M. DENOVE PLUMBING, INC.

Current Principal Place of Business:

837 WATERWAY PLACE STE 102-B
LONGWOOD, FL 32750

New Principal Place of Business:

135 W TRADEWINDS RD
WINTER SPRINGS, FL 32708 US

Current Mailing Address:

837 WATERWAY PLACE STE 102-B
LONGWOOD, FL 32750

New Mailing Address:

135 W TRADEWINDS RD
WINTER SPRINGS, FL 32708 US

FEI Number: 59-2605110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENOVE, THOMAS M
135 W TRADEWINDS RD
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DENOVE, THOMAS M.,
Address: 135 W TRADEWINDS RD
City-St-Zip: WINTER SPRINGS, FL

Title: STD () Delete
Name: DENOVE, SHEILA A.,
Address: 135 W TRADEWINDS RD
City-St-Zip: WINTER SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DENOVE, THOMAS M.,
Address: 135 W TRADEWINDS RD
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: STD (X) Change () Addition
Name: DENOVE, SHEILA A.,
Address: 135 W TRADEWINDS RD
City-St-Zip: WINTER SPRINGS, FL 32708 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M. DENOVE

PD

01/21/2004

Electronic Signature of Signing Officer or Director

_____ Date