


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90048 023 \*\*\*150.00

<b>DOCUMENT # H94118</b>	
<b>1. Entity Name</b> KOENIG PLUMBING AND MECHANICAL CORPORATION	

<b>Principal Place of Business</b> 21000 BOCA RIO RD. BOCA RATON FL 33433	<b>Mailing Address</b> 21000 BOCA RIO RD. BOCA RATON FL 33433
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 59-2622332		<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  PSOINOS, GEORGE D 1655 PALM BEACH LAKES BLVD SUITE 106 WEST PALM BEACH FL 33401	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PTD <b>NAME</b> KOENIG, WILLIAM J JR <b>STREET ADDRESS</b> 23061 S.W. 56TH AVENUE <b>CITY-ST-ZIP</b> BOCA RATON FL	<input type="checkbox"/> Delete	<b>TITLE</b> S <b>NAME</b> William J. Koenig <b>STREET ADDRESS</b> 21000 Boca Rio Rd 3 <b>CITY-ST-ZIP</b> Boca Raton, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> S <b>NAME</b> KOENIG, WILLIAM J <b>STREET ADDRESS</b> 21000 BOCA RIO RD <b>CITY-ST-ZIP</b> BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> S <b>NAME</b> Koenig, Sandra L. <b>STREET ADDRESS</b> 23061 SW 56th Ave <b>CITY-ST-ZIP</b> BOCA RATON, FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> VP <b>NAME</b> KOENIG, SANDRA L <b>STREET ADDRESS</b> 23061 SW 56TH AVE <b>CITY-ST-ZIP</b> BOCA RATON FL 33433	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Sandra L. Koenig Sandra L. Koenig-VP/Sec. 3/22/04 561-483-2228  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #