

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90014 017 ***150.00

DOCUMENT # J16987

1. Entity Name

NED PRESTWOOD PLUMBING, INC.



Principal Place of Business

2312 JACN AVE
PANAMA CITY FL 32408
US

Mailing Address

2312 JOAN AVE
PANAMA CITY FL 32408
US

54017684



MOORE CR2E034 (11/03)

2. Principal Place of Business

2312 JOAN AVE
Suite, Apt. #, etc.

3. Mailing Address

2312 JOAN AVE
Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH FL

Zip 32408

Country

BA

City & State

PANAMA CITY BEACH, FL

Zip 32408

Country

BA

4. FEI Number

59-2687252

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PRESTWOOD, LARRY
2312 JOAN AVE
PANAMA CITY FL 32408

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PRESTWOOD, LARRY
STREET ADDRESS 2312 JOAN AVE
CITY-ST-ZIP PANAMA CITY BCH. FL 32408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-04 850-2342