2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J19271

1. Entity Name
PORT ST. LUCIE PLUMBING, INC.

Principal Place of Business	Mailing Address
900 ELYSE CR. PORT ST. LUCIE, FL 34952	900 ELYSE CR. PORT ST. LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE

03092005   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-2696727

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZANELLO, GARY
900 ELYSE CIRCLE
PORT SAINT LUCIE, FL 34952

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ZANELLO, GARY
STREET ADDRESS	900 ELYSE CR
CITY-ST-ZIP	PORT ST.LUCIE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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03/14/05-80008-025 150.00

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)(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: Gary W. Zanello   3/9/05   772 468-6524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #