

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90685 045 ***150.00

DOCUMENT # K10591

1. Entity Name
GRASSO PLUMBING, INC.



Principal Place of Business
**13139 MONTOUR ST.
BROOKSVILLE, FL 34613**

Mailing Address
**13139 MONTOUR ST.
BROOKSVILLE, FL 34613**

DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2861975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRASSO, WILLIAM
13139 MONTOUR ST.
BROOKSVILLE, FL 34613**

**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 in 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	P
NAME	GRASSO, WM.
STREET ADDRESS	5935 COLONY CIR.
CITY- ST- ZIP	WEEKI WACHEE, FL 34607
TITLE	VP
NAME	GRASSO, WILLIAM J
STREET ADDRESS	13139 MONTOUR ST.
CITY- ST- ZIP	BROOKSVILLE, FL 34613
TITLE	T
NAME	GRASSO, SARA M
STREET ADDRESS	5935 COLONY CIR.
CITY- ST- ZIP	WEEKI WACHEE, FL 34607
TITLE	S
NAME	GRASSO, SARA A
STREET ADDRESS	6117 KURT ST.
CITY- ST- ZIP	BROOKSVILLE, FL 34609
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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:

Sara M. Grasso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-04

Date

352-5916-3562

Daytime Phone #