## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 19, 2005 08:00 AM DOCUMENT # K12799 1. Entity Name **Secretary of State** OCALA PLUMBING CO., INC. Principal Place of Business Mailing Address 2301 NE 17TH PLACE OCALA FL 34470 P.O.BOX 5218 OCALA FL 34478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2866708 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLBERT, RANDOLPH CRAIG Street Address (P.O. Box Number is Not Acceptable) 20149 SE 116TH AVE INGLIS FL 34449 City 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 tide if applicable (NOT), Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TOTAL Change Addition NAME COLBERT, RANDOLPH CRAIG U000000269659 KAME STREET ADDRESS 20149 SE 116TH AVE STREET ADDRESS 03/19/05-80018-021 150.00 CITY-ST-ZIP INGLIS FL 34449 C114 - \$1 - ZIP Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-51-219 TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete THE Change Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-7IP CHY-SI-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS LIREEF ADDRESS CHY-ST-ZIP OTY-ST-ZIP HILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section [19.07(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 each; 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 all address—with all other like empowered.

SIGNATURE:

FILED