


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # K52100 1. Entity Name PLUMBING SERVICES BY BABCOCK, INC.		
Principal Place of Business 6351 7TH AVE SAINT PETERSBURG, FL 33710		Mailing Address 6351 7TH AVE 4602 CENTRAL AVENUE SAINT PETERSBURG, FL 33710
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MENSH, MYRON J. P.A. 6351 7TH AVE N ST. PETERSBURG, FL 33711		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 _____ (NOTE: Registered Agent signature required when registering)		
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DATE 04/07/05-80060-009 150.00
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BABCOCK, JOHN CHARLES 6351 7TH AVE N SAINT PETERSBURG, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BABCOCK, CHRISTINA 6351 7TH AVE N. SAINT PETERSBURG, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS 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)(f), 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: <u>Christina B. Babcock</u> Christina B. Babcock (727) 321-38 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: <u>4-4-05</u> Daytime Phone #		