## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Apr 30, 2004 8:00 am Secretary of State DOCUMENT # L22293 1. Entity Name 04-30-2004 90366 026 \*\*\*158.75 SANGSTER'S PLUMBING, INC. Principal Place of Business Mailing Address % JOHN V. SANGSTER PO BOX 702224 ST CLOUD FL 34770 25 EAST 13TH ST. #10 SAINT CLOUD FL 34769 2. Principal Place of Business 3. Mailing Address Sùite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-2972847 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANGSTER, JOHN V. Street Address (P.O. Box Number is Not Acceptable) 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. 4.7 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. POST Delete TITLE ☐ Change TITLE SANGSTER, JOHN V. NAME NAME 4718 KILT CT STREET ADDRESS STREET ADDRESS SAINT-CLOUD FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowaged to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNING OFFICER OR DIRECTOR