FILED
Aug 16, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

L36995

1. Entity Name
A-1 PLUMBING SUPPLY & SPECIALTIES, INC.

Principal Place of Business	Mailing Address
% STEVEN COOLEY 5152 UNIVERISTY BLVD. WEST JACKSONVILLE, FL 32216	% STEVEN COOLEY 5152 UNIVERISTY BLVD. WEST JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

08112004

4. FEI Number
59-2961189
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75**

6. Name and Address of Current Registered Agent

COOLEY, STEVEN W
5152 UNIVERSITY BLVD W
JACKSONVILLE, FL 32216

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.

000000170100
08/16/04-80001-004 150.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	OD
NAME	COOLEY, STEVEN W
STREET ADDRESS	5635 NETTIE RD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	STD
NAME	COOLEY, DOUGLAS
STREET ADDRESS	7806 SCOTTLAND RD
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Steven W Cooley Steven W Cooley 8-11-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #