

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L63641

1. Entity Name
RIOS PLUMBING, INC.



Principal Place of Business
6110 MASSACHUSETTS AVENUE
6645 RIDGE ROAD
NEW PORT RICHEY, FL 34653 US

Mailing Address
6826 KING TREE COURT
PORT RICHEY, FL 34668 US

FILED
04 SEP -2 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08272004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3004807

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIOS, DEOGRACIAS
6826 KING TREE COURT
PORT RICHEY, FL 34668

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
RIOS, DEOGRACIAS
STREET ADDRESS
6826 KING TREE COURT
CITY-ST-ZIP
PORT RICHEY, FL 34668 ☐ Delete

TITLE
NAME
D, VP
RIOS, Deogracias
STREET ADDRESS
6826 King Tree Court
CITY-ST-ZIP
Port Richey, FL 34668 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
P.O. ST
RIOS, Evelyn
STREET ADDRESS
6826 King Tree Court
CITY-ST-ZIP
Port Richey, FL 34668 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

500040970645
09/10/04--01069--007 **\$1.25

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: Evelyn Rios, Pres.
Evelyn Rios
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-04 727-849-6694
Date Daytime Phone #