# 2005 FOR PROFIT CORPORATION
## ANNUAL REPORT

DOCUMENT # L63641

1. Entity Name
RIOS PLUMBING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6110 MASSACHUSETTS AVENUE | 6826 KING TREE COURT |
| 6645 RIDGE ROAD | PORT RICHEY, FL  34668    US |
| NEW PORT RICHEY, FL  34653    US | |

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02012005    No Chg-P    CR2E034 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 59-3004807 | Not Applicable |

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

### 6. Name and Address of Current Registered Agent

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

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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

**FILE NOW!!!  FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution  ☐  **$5.00** May Be Added to Fees

### 10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DVP |
| NAME | RIOS, DEOGRACIAS |
| STREET ADDRESS | 6826 KING TREE COURT |
| CITY ST-ZIP | PORT RICHEY, FL  34668 |
| TITLE | PDST |
| NAME | RIOS, EVELYN |
| STREET ADDRESS | 6826 KING TREE COURT |
| CITY ST-ZIP | PORT RICHEY, FL  34668 |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
| CITY ST-ZIP | |

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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: _Deogracias Rios_    2-14-05    727-849-6694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #

Deogracias Rios    849-6694