


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90290 045 ***150.00

DOCUMENT # L76276

1. Entity Name
BIG JOHN PLUMBING, INC.



Principal Place of Business Mailing Address

% J. HAROLD ELKINS % J. HAROLD ELKINS
 2113 LARRY DRIVE W 720 ST. JOHNS BLUFF RD. # 4
 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32225

2. Principal Place of Business 3. Mailing Address

2113 Larry Dr W Suite, Apt. #, etc.


Suite, Apt. #, etc. City & State

City & State City & State

Jacksonville FL *FL*

Zip Country Zip Country

32216 - - -



01172004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-3020708 Not Applicable

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

6. Name and Address of Current Registered Agent

ELKINS, J. HAROLD
 720 ST. JOHNS BLUFF RD. # 4
 JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent

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 _____ 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 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	HOUSLEY, SHERRI	
STREET ADDRESS	2113 LARRY DR. W.	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOUSLEY, JOHN	
STREET ADDRESS	2113 LARRY DR W	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Sherril Housley* **SHERRI HOUSLEY** *VP* *4/8/04* *904)724-3567*

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