

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90045 002 ***150.00

DOCUMENT # L81443

1. Entity Name

MI-WAY PLUMBING, INC.



Principal Place of Business

1755 WALSH ST
OVIEDO FL 32765

Mailing Address

1755 WALSH ST
OVIEDO FL 32765

24038999



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3015707**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HARRIS, MIKE
1065 CHOKECHERRY DRIVE
WINTER SPRINGS FL 32708

Name **Harris, Mike**
Street Address (P.O. Box Number is Not Acceptable)
1755 Walsh Street
City **Oviedo** **FL** Zip Code **32765**

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 ☐ Delete
NAME D
STREET ADDRESS HARRIS, MIKE
CITY-ST-ZIP 1065 CHOKECHERRY DRIVE
WINTER SPRINGS FL

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS Harris Mike
CITY-ST-ZIP 1755 Walsh St
Oviedo Fla 32765

TITLE ☐ Delete
NAME VP
STREET ADDRESS HARRIS, WAND
CITY-ST-ZIP 1065 CLOKE CHERRY DR
WINTER SPRINGS FL

TITLE ☐ Change ☐ Addition
NAME VP
STREET ADDRESS Harris Wanda
CITY-ST-ZIP 1755 Walsh Street
Oviedo Fla 32765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Mike Harris

Mike Harris

4/6/04 407-971-7411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #