2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90026 047 ***150.00

DOCUMENT # L86133

1. Entity Name

HIGH SPRINGS PLUMBING & ELECTRIC, INC.

Principal Place of Business	Mailing Address
254 HOPPERGRASS GLN HIGH SPRINGS FL 32643 US	254 HOPPERGRASS GLN HIGH SPRINGS FL 32643 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
High Springs, Fl	254 SE Hoppergrass Gln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: High Springs, Fl	City & State:
Zip: 32643 Country: USA	Zip: Country:

4. FEI Number 59-3024987 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, JOSEPH W II
1592 SW OLD LANE CITY TERR
HIGH SPRINGS FL 32643

7. Name and Address of New Registered Agent

Name: Joseph W Davis II
Street Address (P.O. Box Number is Not Acceptable): 20605 N Hwy 441
City: High Springs **FL** Zip Code: 32643

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] 1/22/04
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
V	DAVIS, JOSEPH W II	1592 SW OLD LAKE CITY TERR	HIGH SPRINGS FL 32643	☐
P	DAVIS, DONALD R.	19740 SOUTH HWY 441	HIGH SPRINGS FL 32643	☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: [signature] 1/22/04 386-454-1407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #