2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 08:00 AM Secretary of State

DOCUMENT # M73240 1. Entity Name EGGETT PLUMBING AND MARINE, INC.					Secretary of State			
Principal Place of Business % ROBERT K. MILLER 2975 OVERSEAS HIGHWAY MARATHON, FL 33050		Mailing Address						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302004	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Number 65-0043	042		pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate o	Status Desired	S8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	legistered Agent	
2975 OVE	ROBERT K. RSEAS HIGHWAY N, FL 33050				P.O. Box Number	is Not Acceptable		
				City			FL Zip Cox	36
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, typod or printed name of registered agent and title if appricable. (NOTE. Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS GITY - ST - ZIP	S EGGETT, BRUCE F 52 CHAMBERS ST BIG PINE KEY, FL 33043	☐ Delete		1			Change 300119003 34-80083-008	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Delete EGGETT, BRUCE F. 52 CHAMBERS ST BIG PINE KEY, FL 33043		•				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete		2	1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST ZIP		☐ Delete			•		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1				☐ Change	☐ Addition
12. I hereby indicated of the cor	toertify that the information supplied with lon this report or supplemental report is poration or the receiver or trustee emp	this filing does not qualify for strue and accurate and that owered to execute this report	or the exe my signa (as requ	emption stated in Seature shall have the lired by Chapter 601	ection 119.07(3)(i), same legal effect 7, Florida Stalutes	Florida Statutes, as if made under and that my nam	I further certify that the oath; that I am an office appears in Block 10 c	Information or or director or Block 11 ii