2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

M73812

1. Entity Name
PLUMBERSMITH & ASSOCIATES, INC.

Principal Place of Business
243 NW HOLLYWOOD BLVD.
SUITE C
FT. WALTON BEACH, FL 32548-3858

Mailing Address
243 NW HOLLYWOOD BLVD.
SUITE C
FT. WALTON BEACH, FL 32548-3858

DO NOT WRITE IN THIS SPACE

02022004

4. FEI Number
59-2898134

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75

6. Name and Address of Current Registered Agent

JOHNSON, JULIAN D.
243 NW HOLLYWOOD BLVD.
FT. WALTON BEACH, FL 32548

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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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00

U00000093238
03/22/04-80010-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	JOHNSON, ELIZABETH M.
STREET ADDRESS	243 NW HOLLYWOOD BLVD
CITY-ST-ZIP	FT WALTON BEACH, FL
TITLE	P
NAME	JOHNSON, JULIAN D.
STREET ADDRESS	243 NW HOLLYWOOD BLVD.
CITY-ST-ZIP	FT. WALTON BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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: _____ 3-18-04 850 244-2213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #