


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M73812**  
 1. Entity Name  
**PLUMBERSMITH & ASSOCIATES, INC.**



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



03022005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2898134**      Applied For  
 Not Applicable

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

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 \_\_\_\_\_ 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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

ST	JOHNSON, ELIZABETH M. 243 NW HOLLYWOOD BLVD FT WALTON BEACH, FL
P	JOHNSON, JULIAN D. 243 NW HOLLYWOOD BLVD. FT. WALTON BEACH, FL

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 03/18/05-80042-006 150.00

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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)(f), 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:       3-16-05      850-244-2213  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #