

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90050 038 ***158.75

DOCUMENT # M75731

1. Entity Name

MASTER PLUMBING BY RICHARD, INC.



Principal Place of Business

5625-18 YOUNGQUIST
FORT MYERS FL 33912

Mailing Address

5625-18 YOUNGQUIST
FORT MYERS FL 33912

2. Principal Place of Business

15864 BROTHERS CT.

Suite, Apt. #, etc.

3. Mailing Address

15864 BROTHERS CT.

Suite, Apt. #, etc.

City & State

FORT MYERS, FLORIDA

Zip

33912

Country

LEE

City & State

FORT MYERS, FLORIDA

Zip

33912

Country

LEE

4. FEI Number

59-2906069

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAGIANO, DARLENE G.
5625-18 YOUNGQUIST RD
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

FAGIANO, DARLENE G.

Street Address (P.O. Box Number is Not Acceptable)

15864 BROTHERS CT.

FORT MYERS

City

FL

Zip Code

33912

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

Darlene G. Fagiano

DARLENE G. FAGIANO

Vice Pres - Sec.

4-1-04

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	PD	<input type="checkbox"/> Delete
NAME	FAGIANO, RICHARD C.	
STREET ADDRESS	5625-18 YOUNGQUIST RD	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	FAGIANO, DARLENE G.	
STREET ADDRESS	5625-18 YOUNGQUIST RD	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	15864 BROTHERS CT.
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	15864 BROTHERS CT.
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Darlene G. Fagiano - DARLENE G. FAGIANO

4-1-04

239-489-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #