

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M94413

FILED
Feb 18, 2005
Secretary of State

Entity Name: BOB RIZI PLUMBING, INC.

Current Principal Place of Business:

BOB RIZI PLUMBING
5671 DEREK AVE
SARASOTA, FL 34233 US

New Principal Place of Business:

Current Mailing Address:

BOB RIZI PLUMBING
5671 DEREK AVE
SARASOTA, FL 34233 US

New Mailing Address:

FEI Number: 65-0066145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, KURT F.
6624 GATEWAY AVENUE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIZI, ROBERT P JR.
Address: 5671 DEREK AVE
City-St-Zip: SARASOTA, FL 34233

Title: VP () Delete
Name: LUPINACCI, FRANK
Address: 5671 DEREK AVE
City-St-Zip: SARASOTA, FL

Title: VP (X) Delete
Name: SWALBY, JEFFREY S
Address: 5671 DEREK AVENUE
City-St-Zip: SARASOTA, FL 34233

Title: T () Delete
Name: BRUE, TODD
Address: 5671 DEREK AVE.
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BRUE, TODD
Address: 5671 DEREK AVE.
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD BRUE

VP

02/18/2005

Electronic Signature of Signing Officer or Director

_____ Date