

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90072 035 \*\*\*150.00

**DOCUMENT # M99927**

1. Entity Name

COASTAL PLUMBING OF BAY COUNTY, INC.



Principal Place of Business

P.O. BOX 1241  
LYNN HAVEN, FL 32444

Mailing Address

P.O. BOX 1241  
LYNN HAVEN, FL 32444



03312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2907035

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, DAVID F.  
3400 BRADENTON AVENUE  
PANAMA CITY, FL 32405

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
WILLIAMS, DAVID F.  
3400 BRADENTON AVENUE  
PANAMA CITY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSD  
WILLIAMS, KAREN L.  
3400 BRADENTON AVENUE  
PANAMA CITY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
WILLIAMS, KAREN L.  
3400 BRADENTON AVE  
PANAMA CITY, FL 32405

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VO  
WILLIAMS, RYAN D  
3342 BRADENTON AVE  
PANAMA CITY, FL 32405

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/05  
Date

747-8030  
850-0000  
Daytime Phone #