## 2004 FOR PROFIT CORPORATION

## FILED Jan 30, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P00000008154 THUNDER BAY PLUMBING, INC. Principal Place of Business Mailing Address 7631-18TH AVENUE NORTH P 0 BOX 47903 ST PETERSBURG, FL 33743 US ST PETERSBURG, FL 33710 01152004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3620427 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BABCOCK, RICHARD DO NOT WRITE 7631-18TH AVENUE NORTH ST PETERSBURG, FL 33710 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPS TITLE NAME BABCOCK, RICHARD STREET ADDRESS 7631-18TH AVENUE NORTH CITY - ST - ZIP ST PETERSBURG, FL 33710 U00000021797 01/30/04-80018-809 158.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> KILHAZO A. BABGOCA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRUS.

(727) 346-0701 1-27-04

Daytime Phone #