


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2004 90107 019 \*\*\*150.00

<b>DOCUMENT # P00000024291</b>	
1. Entity Name <b>RANDALL D. PADGETT PLUMBING, INC.</b>	

Principal Place of Business <b>2531 E 6TH ST. PANAMA CITY, FL 32401</b>	Mailing Address <b>2531 E 6TH ST. PANAMA CITY, FL 32401</b>
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2. Principal Place of Business <b>2547 E. 6th St.</b>	3. Mailing Address <b>2547 E. 6th St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Panama City, FL</b>	City & State <b>Panama City, FL</b>
Zip <b>32401</b>	Country <b>USA</b>
Zip <b>32401</b>	Country <b>USA</b>

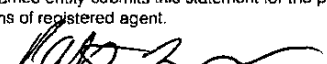
**24043982**



04072004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>PADGETT, RANDALL D 2531 E 6TH ST. PANAMA CITY, FL 32401</b>		7. Name and Address of New Registered Agent Name <b>Patti L. Brahier</b> Street Address (P.O. Box Number is Not Acceptable) <b>2547 E. 6th St.</b> City <b>Panama City</b> FL Zip Code <b>32401</b>	
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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.

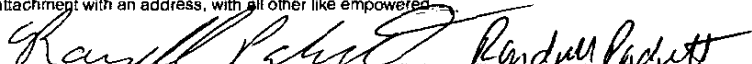
SIGNATURE  **Patti L. Brahier** DATE **4/13/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>PADGETT, RANDALL D 2531 E 6TH ST. PANAMA CITY, FL 32401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Randall Padgett** DATE **4/13/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #