


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000029303
 1. Entity Name
SECURITY PLUMBING AND PUMPS INC.



Principal Place of Business Mailing Address
9803 CLINTON LANE **9803 CLINTON LANE**
PORT RICHEY FL 34668 **PORT RICHEY FL 34668**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc Suite, Apt. #, etc

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-363372** Applied For

5. Certificate of Status Desired **\$8.75 Additional Fee Required** Not Applicable

6. Name and Address of Current Registered Agent
LAVIGNE, ROBERT
9803 CLINTON LANE
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

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	P	<input type="checkbox"/> Delete
NAME	LAVIGNE, ROBERT A	
STREET ADDRESS	9803 CLINTON LANE	
CITY - ST - ZIP	PORT RICHEY FL 34668	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAVIGNE, SANDRA L	
STREET ADDRESS	9803 CLINTON LANE	
CITY - ST - ZIP	PORT RICHEY FL 34668	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000017208	
CITY - ST - ZIP	01/28/04-80086-013 158.75	
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)(f), 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: Robert A Lavigne 1/21/04 (727) 869-0319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #