


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 24, 2005 8:00 am
Secretary of State

07-25-2005 90099 010 ***150.00

DOCUMENT # P0000031684					
1. Entity Name A.J. MINOTTI PLUMBING, INC.					
Principal Place of Business 323 FLANDERS DR. INDIALANTIC FL 32903		Mailing Address 323 FLANDERS DR. INDIALANTIC FL 32903			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3633833	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
MINOTTI, SUSAN M 323 FLANDERS DR. INDIALANTIC FL 32903		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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MINOTTI, ANTHONY J JR		NAME		
STREET ADDRESS	323 FLANEDRS DR.		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL 32903		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MINOTTI, SUSAN M		NAME		
STREET ADDRESS	323 FLANDERS DR.		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL 32903		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: <i>Susan Minotti</i>		SUSAN MINOTTI		7-18-05 321-952-7831	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

060026374

August 17, 2005

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Subject: A.J. Minotti Plumbing, Inc.

Reference Number: P00000031684

Please be advised that the enclosed annual report notice was never recieved. This letter serves as a request to waive the \$400.00 late fee. Please complete all necessary corrections. Thank you for your attention to this matter.

Sincerely,

Susan Minotti

Susan Minotti
Secretary/Treasurer



ATTACHMENT

66020374

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 28, 2005

A.J. MINOTTI PLUMBING, INC.
323 FLANDERS DR.
INDIALANTIC, FL 32903

Subject: **A.J. MINOTTI PLUMBING, INC.**

Reference Number: **P00000031684**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/sc

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314