

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043097

FILED
Apr 30, 2004
Secretary of State

Entity Name: ABRAMS PLUMBING INCORPORATED

Current Principal Place of Business:

12020 MONTE VISTA RD.
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

12020 MONTE VISTA RD.
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3644253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMS, STEPHANIE A
12020 MONTE VISTA RD.
CLERMONT, FL 34711

Name and Address of New Registered Agent:

ABRAMS, DAVID J
12020 MONTE VISTA RD.
CLERMONT, FL 34711

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.

SIGNATURE: DAVID J ABRAMS

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABRAMS, DAVID J
Address: 12020 MONTE VISTA RD
City-St-Zip: CLERMONT, FL 34711

Title: VDST (X) Delete
Name: ABRAMS, STEPHANIE A
Address: 12020 MONTE VISTA RD
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J ABRAMS

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date