2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000051002

1. Entity Name
DUREN & SONS PLUMBING, INC.

Principal Place of Business	Mailing Address
4827 17TH AVENUE S.W.	4827 17TH AVENUE S.W.
NAPLES, FL 34116	NAPLES, FL 34116

94014249

DO NOT WRITE IN THIS SPACE

01272004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0899508	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUREN, EMORY
4827 17TH AVENUE S.W.
NAPLES, FL 34116

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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 _____

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

FILE NOW!!! FEE IS $150.00	**9.** Election Campaign Financing	**$5.00** May Be
After May 1, 2004 Fee will be $550.00	Trust Fund Contribution. ☐	Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DUREN, EMORY
STREET ADDRESS	4827 17TH AVENUE S.W.
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	DVTS
NAME	DUREN, BARBARA
STREET ADDRESS	4827 17TH AVENUE S.W.
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _Barbara Daren_   2/7/04   239-404-1954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #