

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90052 039 \*\*\*150.00

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| <b>DOCUMENT # P00000073599</b><br>1. Entity Name<br><b>BLUE LINE PLUMBING, INC.</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Place of Business<br><b>18935 NW 10TH ST.<br/>PEMBROKE PINES, FL 33029</b>  |  | Mailing Address<br><b>18935 NW 10TH ST.<br/>PEMBROKE PINES, FL 33029</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>18935 NW 10th St</b><br>Suite, Apt. #, etc.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City & State<br><b>PEMBROKE PINE FL</b>   |  | 4. FEI Number<br><b>65-1029447</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zip<br><b>33029</b>   |  | Country<br><b>U.S.A</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | Applied For<br>Not Applicable  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><b>DACRES, GLASFORD<br/>18935 NW 10TH ST.<br/>PEMBROKE PINES, FL 33029</b>   |  | 7. Name and Address of New Registered Agent<br>Name <b>JANICE BROWN - DACRES</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>18935 NW 10th STREET</b><br>City <b>PEMBROKE PINES FL</b> Zip Code <b>33029</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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.<br>SIGNATURE <u><i>Janice Brown Dacres</i></u> DATE <u>1/30/05</u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="width: 70%;"> <b>P<br/>DACRES, GLASFORD<br/>18935 NW 10TH ST.<br/>PEMBROKE PINES, FL 33029</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>DACRES, GLASFORD<br/>18935 NW 10TH ST.<br/>PEMBROKE PINES, FL 33029</b> <input type="checkbox"/> Delete |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="width: 70%;"> <b>ASST VICE PRESIDENT<br/>JANICE BROWN - DACRES<br/>18935 NW 10th Street<br/>PEMBROKE PINES FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ASST VICE PRESIDENT<br/>JANICE BROWN - DACRES<br/>18935 NW 10th Street<br/>PEMBROKE PINES FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>DACRES, GLASFORD<br/>18935 NW 10TH ST.<br/>PEMBROKE PINES, FL 33029</b> <input type="checkbox"/> Delete   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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: <u><i>Glaford Dacres</i></u> <b>GLASFORD DACRES</b> DATE <u>1/30/05</u> DAYTIME PHONE <u>954 920 4900</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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