FAX NO. 8636873463

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90101 023 ***158.75

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1. Entity Name
DOLPHIN PLUMBING OF POLK COUNTY, INC.

14016128

Principal Place of Business	Mailing Address
554 PABLO STREET LAKELAND, FL 33803	554 PABLO STREET LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

04282005 No Cng-P CH2E034 (10/03)

4. FEI Number
59-3692183
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NIPPER, LISA M
554 PABLO STREET
LAKELAND, FL 33803

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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: Lisa M. Nipper   4/29/05
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
After May 1, 2005 Fee will be $400.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NIPPER, LISA M
STREET ADDRESS	554 PABLO STREET
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D
NAME	NIPPER, WILLIAM JAY
STREET ADDRESS	554 PABLO STREET
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	O
NAME	Tom Brady
STREET ADDRESS	731 Buena Vista Street
CITY-ST-ZIP	Lakeland, FL 33805
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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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: Lisa M. Nipper   4/29/05   (863) 687-3593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #