


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000046145 1. Entity Name K.D. CAMPBELL PLUMBING, INC.	
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Principal Place of Business 6622 CAMELOT COURT KEYSTONE HEIGHTS, FL 32656	Mailing Address 6622 CAMELOT COURT KEYSTONE HEIGHTS, FL 32656
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01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3721935	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, KEVIN D
 6622 CAMELOT COURT
 KEYSTONE HEIGHTS, FL 32656

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, KEVIN D 6622 CAMELOT COURT KEYSTONE HEIGHTS, FL 32656
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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)(l), 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: Kevin D Campbell Kevin D Campbell President Jan 27, 2004 (352) 473-4208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #