2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

R. Rogers MAY 05 2005

DOCUMENT # P02000041357

1. Entity Name
SUPERIOR PLUMBING OF FLAGLER COUNTY, INC.

FILED
05 APR 26 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
PO BOX 354888 PALM COAST, FL 32135 US	PO BOX 354888 PALM COAST, FL 32135 US

04102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
101 North 4th Street	PO Box 354888
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bunnell, FL	City & State: Palm Coast FL
Zip: 32110 Country: US	Zip: 32135-4888 Country: US

4. FEI Number ~~45-0480157~~ 20-2647298 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

RIEF-DERRICO, KATRINA E
PO BOX 354888
PALM COAST, FL 32135

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	OFFI RIEF-D'ERRICO, KATRINA E 157 BOULDER ROCK DRIVE PALM COAST, FL 32137	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	OFFI D'ERRICO, MICHAEL A 157 BOULDER ROCK DRIVE PALM COAST, FL 32137	☑ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition 000054234620 05/10/05--01094--014 **70.00
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

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: [signature] 4/10/05 386-804-0236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #