


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

01-30-2004 90083 026 *****8.75
02-11-2004 90035 010 ***150.00

| | |
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| DOCUMENT # P02000050381 |  |
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|--|---|---|
| 1. Entity Name FELICE BOMMARITO PLUMBING, INC. | Principal Place of Business 1331 LAKE ERIE DRIVE LAKE WORTH FL 33461 | Mailing Address 1331 LAKE ERIE DRIVE LAKE WORTH FL 33461 |
|--|---|---|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



MOORE CR2E034 (11/03)

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|---|---|
| 4. FEI Number 27-0011662 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| BOMMARITO, FELICE 1331 LAKE ERIE DRIVE LAKE WORTH FL 33461 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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|---|--|--|---------------------------------|------|-------------------|--|----------------|----------------------|--|-------------|---------------------|--|---|-------|-----------|--|------|-----------------------|--|----------------|--------------------|--|-------------|------------------------|--|
| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOMMARITO, FELICE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1331 LAKE ERIE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WORTH FL 33461</td> <td></td> </tr> </table> | TITLE | D | <input type="checkbox"/> Delete | NAME | BOMMARITO, FELICE | | STREET ADDRESS | 1331 LAKE ERIE DRIVE | | CITY-ST-ZIP | LAKE WORTH FL 33461 | | <table border="1"> <tr> <td>TITLE</td> <td>SECRETARY</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MARCELLO M. BOMMARITO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>702 SPRINGDALE CL.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM SPRING, FL. 33461</td> <td></td> </tr> </table> | TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | MARCELLO M. BOMMARITO | | STREET ADDRESS | 702 SPRINGDALE CL. | | CITY-ST-ZIP | PALM SPRING, FL. 33461 | |
| TITLE | D | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | BOMMARITO, FELICE | | | | | | | | | | | | | | | | | | | | | | | | |
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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: Felice Bommarito 1/23/04 561-248-5495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #