

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000053513

1. Entity Name

EMERGENCY REPAIR PLUMBING, INC.



Principal Place of Business

**1195 WHISPERING PINES ROAD
JACKSONVILLE, FL 32259**

Mailing Address

**1195 WHISPERING PINES ROAD
JACKSONVILLE, FL 32259**



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **30-0084996** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FORD JETER BOWLUS DUSS MORGAN KENNEY & SAF
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32257**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000091364
03/18/04-80006-021 150.00

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **GOFF, EDESEL F JR**
STREET ADDRESS **1195 WHISPERING PINES ROAD**
CITY - ST - ZIP **JACKSONVILLE, FL 32259**

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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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-04 904-230-9976

Date

Daytime Phone #