


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000056132</b>	
1. Entity Name AAA & J PLUMBING AND DRAIN CLEANING INC.	

Principal Place of Business 18143 42ND RD N LOXAHATCHEE, FL 33470	Mailing Address 18143 42ND RD N LOXAHATCHEE, FL 33470
---	---

**DO NOT WRITE IN THIS SPACE**



06252004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0698957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MANGER, DOUG F III 759 NW 42 PLACE POMPANO BEACH, FL 33064	<b>DO NOT WRITE IN THIS SPACE</b>
---	-----------------------------------

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 re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANGER, DOUG F III 759 NW 42 PLACE POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANGOVE, RALPH WILLIAM 815 NW 42ND PLACE FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000162999  
 07/01/04-80003-005 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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] **6-1-04 924650471**

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