


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90028 018 \*\*\*150.00

|   |                                |   |  |  |   |
|---|--------------------------------|---|--|--|---|
| <b>DOCUMENT # P02000102830</b><br>1. Entity Name<br><b>POMPANO PLUMBING, INC.</b>   |                                |   |  |   |   |
| Principal Place of Business<br><b>1021 NE FIRST ST<br/>POMPANO BCH, FL 33060</b>  |                                |   | Mailing Address<br><b>590 SE 12TH ST<br/>POMPANO BEACH, FL 33060</b> |  |   |
| 2. Principal Place of Business  |                                | 3. Mailing Address  |  |  |   |
| Suite, Apt. #, etc.   |                                | Suite, Apt. #, etc.   |  |  |   |
| City & State  |                                | City & State  |  |  |   |
| Zip   | Country                        | Zip   | Country  |  |   |
| 6. Name and Address of Current Registered Agent   |                                |   |  | 7. Name and Address of New Registered Agent  |   |
| <b>SHULMISTER, M. ROSS</b><br><b>590 SE 12TH ST.</b><br><b>POMPANO BCH, FL 33060</b>  |                                |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 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)<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                                |   |  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |   |
| 10. OFFICERS AND DIRECTORS  |                                |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                |  |   |
| TITLE   | PD                             | <input type="checkbox"/> Delete   | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| NAME  | <b>ROSIN, BENITA V</b>         |   | NAME   |  |   |
| STREET ADDRESS  | <b>590 SE 12TH ST.</b>         |   | STREET ADDRESS   | <b>560 SE 12 Street</b>  |   |
| CITY-ST-ZIP   | <b>POMPANO BCH, FL 33060</b>   |   | CITY-ST-ZIP  |  |   |
| TITLE   | V                              | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| NAME  | <b>OBRIEN, DANIEL E</b>        |   | NAME   |  |   |
| STREET ADDRESS  | <b>721 E MCNAB RD</b>          |   | STREET ADDRESS   |  |   |
| CITY-ST-ZIP   | <b>POMPANO BEACH, FL 33060</b> |   | CITY-ST-ZIP  |  |   |
| TITLE   | S                              | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| NAME  | <b>SHULMISTER, M R</b>         |   | NAME   |  |   |
| STREET ADDRESS  | <b>590 SE 12 STREET</b>        |   | STREET ADDRESS   |  |   |
| CITY-ST-ZIP   | <b>POMPANO BEACH, FL 33060</b> |   | CITY-ST-ZIP  |  |   |
| TITLE   |                                | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| NAME  |                                |   | NAME   |  |   |
| STREET ADDRESS  |                                |   | STREET ADDRESS   |  |   |
| CITY-ST-ZIP   |                                |   | CITY-ST-ZIP  |  |   |
| TITLE   |                                | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| NAME  |                                |   | NAME   |  |   |
| STREET ADDRESS  |                                |   | STREET ADDRESS   |  |   |
| CITY-ST-ZIP   |                                |   | CITY-ST-ZIP  |  |   |
| TITLE   |                                | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| NAME  |                                |   | NAME   |  |   |
| STREET ADDRESS  |                                |   | STREET ADDRESS   |  |   |
| CITY-ST-ZIP   |                                |   | CITY-ST-ZIP  |  |   |
| 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. |                                |   |  |  |   |
| <b>SIGNATURE: <i>Benita V. Rosin</i></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                |   | <b>Benita V. Rosin</b><br><small>Date</small>                        |  | <b>March 23, 2004</b><br><small>Daytime Phone #</small> |