

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90003 039 ***150.00

DOCUMENT # P020001:16663

1. Entity Name

CLASSIC PLUMBING COMPANY OF JAX



Principal Place of Business

4243 SUNBEAN ROAD
SUITE 2
JACKSONVILLE FL 32257

Mailing Address

4243 SUNBEAN ROAD
SUITE 2
JACKSONVILLE FL 32257

J4010912



MOORE

CR2E034 (11/03)

2. Principal Place of Business

5151 Sunbeam Rd

Suite, Apt. #, etc.

Suite 3

City & State
Jacksonville FL

Zip
32257

Country
USA

3. Mailing Address

P.O. Box 24235

Suite, Apt. #, etc.

City & State
Jacksonville FL

Zip
32241

Country
USA

4. FEI Number

05-0537787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINTERS, EDWARDS
4243 SUNBEAN ROAD
SUITE 2
JACKSONVILLE FL 32257

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 admits 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

3/3/04

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. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WINTERS, EDWARD
STREET ADDRESS 9460 BENVELERY COVE W.
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VP ☐ Delete
NAME ALLEN, ROBERT C
STREET ADDRESS 4521 FOREST HAVEN
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ed Winters President - 3/3/04