

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90032 008 \*\*\*150.00

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<b>DOCUMENT # P03000009858</b>					
1. Entity Name PLUMBING REPAIRS OF FLAGLER COUNTY, INC.					
Principal Place of Business 3400 U.S. 1 NORTH, SUITE 8 BUNNELL, FL 32110			Mailing Address 3400 U.S. 1 NORTH, SUITE 8 BUNNELL, FL 32110		
2. Principal Place of Business 3400 US1 NORTH Suite, Apt. #, etc. Suite #6		3. Mailing Address 3400 US1 NORTH Suite, Apt. #, etc. Suite #6		01232004 Chg-P CR2E034 (10/03)	
City & State BUNNELL FL		City & State BUNNELL FL		Applied For Not Applicable	
Zip 32110		Country FLAGLER		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAVNIK JAMES JR. 3400 U.S. 1 NORTH, SUITE 8 BUNNELL, FL 32110				7. Name and Address of New Registered Agent Name: RITA SAVNIK Street Address (P.O. Box Number is Not Acceptable) 27 CHRISTOPHER CT. City: PALM COAST FL Zip Code: 32137	
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: <u>Rita Savnik</u> DATE: <u>1/26/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVNIK, JR., JAMES 3400 U.S. 1 NORTH, SUITE 8 BUNNELL, FL 32110 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T RITA SAVNIK 27 CHRISTOPHER CT. PALM COAST FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES SAVNIK 27 CHRISTOPHER CT. PALM COAST FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Rita Savnik</u> RITA SAVNIK			1/26/04 386-437-3824		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		