


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000026686
 1. Entity Name
 JOHN THE PLUMBER OF COLLIER COUNTY, INC.



Principal Place of Business Mailing Address
 1020 16TH ST NE 1020 16TH ST NE
 NAPLES, FL 34120 NAPLES, FL 34120

DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 01-0772882 Not Applicable

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

6. Name and Address of Current Registered Agent

RICE, ROGER B
 5425 PARK CENTRAL
 NAPLES, FL 34109

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHOLTZ, JOHN
STREET ADDRESS	1020 16TH ST NE
CITY - ST - ZIP	NAPLES, FL 34120
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/27/05-80093-006 150.00

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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: *John Scholtz* John Scholtz 1-25-05 239-353-9911

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