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Secretary of State
07-09-2004 90008 016 ***150.00

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000042997

1. Entity Name
TEMCO PIPE & SUPPLY, INC.

Principal Place of Business
521 UMATILLA BLVD.
UMATILL, FL 32784

Mailing Address
3920 MAGNOLIA DRIVE
LEESBURG, FL 34748

07062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	P.O. Box 1358
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: UMATILLA FL
Zip / Country	Zip: 32784 Country: CAKE

4. FEI Number: 59-3658914 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILBURN, RHINDA
3920 MAGNOLIA DRIVE
LESSBURG, FL 34748

7. Name and Address of New Registered Agent

Name: GERALDINE R. WILBURN
Street Address (P.O. Box Number is Not Acceptable): 521 UMATILLA BLVD
PO. 1358
City: UMATILLA FL Zip Code: 32784

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: Geraldine R. Wilburn 7/6/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	PD	☐ Delete
NAME	WILBURN, CHARLES	
STREET ADDRESS	521 UMATILLA BLVD.	
CITY-ST-ZIP	UMATILL, FL 32784	
TITLE	VD	☐ Delete
NAME	WILBURN, GERALDINE R	
STREET ADDRESS	521 UMATILLA BLVD.	
CITY-ST-ZIP	UMATILL, FL 32784	
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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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Charles R. Wilburn 7/6/04 352-669-5944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #