


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90065 017 \*\*\*150.00

<b>DOCUMENT # P03000047828</b>	
1. Entity Name <b>PLUMBING WITH PRIDE, INC</b>	

Principal Place of Business <b>720 WILDWOOD DRIVE WINTER SPRINGS, FL 32708 US</b>	Mailing Address <b>720 WILDWOOD DRIVE WINTER SPRINGS, FL 32708 US</b>
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**24026184**

2. Principal Place of Business <b>3710 E. Industrial way</b>	3. Mailing Address <b>same as principal</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Riviera Beach FL</b>	City & State
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Zip <b>33404</b>	Country <b>USA</b>	Zip	Country
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03172004 Chg-P CR2E034 (10/03)

4. FEI Number <b>56-2352502</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PAZIENZA, FRANK T 720 WILDWOOD DRIVE WINTER SPRINGS, FL 32708</b>	
7. Name and Address of New Registered Agent Name <b>Frank T. Pazienza</b> Street Address (P.O. Box Number is Not Acceptable) <b>3710 E. Industrial way</b> City <b>Riviera Beach</b> FL Zip Code <b>33404</b>	

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 <b>3-19-04</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<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"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PAZIENZA, FRANK T <del>720 WILDWOOD DRIVE</del> WINTER SPRINGS, FL 32708</b> <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	<b>PAZIENZA FRANK T 180 LEMAY TERR. APT 805 N. Palm Beach FL 33408</b> <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
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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.	
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SIGNATURE: 	DATE <b>3-19-04</b>	DAYTIME PHONE # <b>561-842-8425</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		