

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90272 014 ***150.00

DOCUMENT # P03000047828

1. Entity Name.
PLUMBING WITH PRIDE, INC



Principal Place of Business
**3710 E INDUSTRIAL WAY
WEST PALM BEACH, FL 33404 US**

Mailing Address
**3710 E INDUSTRIAL WAY
WEST PALM BEACH, FL 33404 US**

2. Principal Place of Business
1309 South Killian Drive
Suite, Apt. #, etc.

3. Mailing Address
1309 South Killian Drive
Suite, Apt. #, etc.



03242005 Chg-P CR2E034 (10/03)

City & State
Lake Park, FL

City & State
Lake Park, FL

4. FEI Number
56-2352502

Applied For
Not Applicable

Zip
33403-1918

Country
USA

Zip
33403-1918

Country
USA

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

6. Name and Address of Current Registered Agent
**PAZIENZA, FRANK T
3710 E INDUSTRIAL WAY
RIVIERA BEACH, FL 33404**

7. Name and Address of New Registered Agent
Name
Pazienza, Frank T.
Street Address (P.O. Box Number is Not Acceptable)
1309 South Killian Drive
City
Lake Park FL Zip Code
33403

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 **4-11-05**
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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAZIENZA, FRANK T		NAME		
STREET ADDRESS	180 LEHAND TERR., APT. 805		STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	VP	
STREET ADDRESS			STREET ADDRESS	HOWARD MELLOTT	
CITY-ST-ZIP			CITY-ST-ZIP	400 north lake ct #106	
				North Palm Beach Fl, 33408	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **4-11-05** (561) 842-2425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #