2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empower

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P03000056846 KOPP'S PROFESSIONAL PLUMBING, INC 04-25-2005 90304 005 ***150.00 Principal Place of Business Mailing Address **1304 10TH STREET** 2300 BARRETT COURT ST. CLOUD, FL 34771 SAINT CLOUD, FL 34769 2. Principal Place of Business 2300 Barratt 3. Mailing Address Court Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 CR2E034 (10/03) Cha-F Applied For 4. FEI Number City & State loud 43-2013470 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOPP, RANDY Street Address (P.O. Box Number is Not Acceptable) 2300 BARRETT COURT ST. CLOUD, FL 34771 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PΩ TITLE Delete TITLE ☐ Change ☐ Addition KOPP, RANDY NAME NAME STREET ADDRESS 2300 BARRETT COURT STREET ADDRESS CITY-ST-ZIP ST. CLOUD, FL 34771 CITY-ST-ZIP VPD ☐ Delete TITLE TITLE Change ■ Addition CLARKE, NOEL L NAME NAME STREET ADDRESS 2459 CASTLEWOOD ROAD STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP Secretary Kathleen E. Kopp 2300 Barratt Court TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS 34771 CITY-ST-ZIP CITY-ST-ZIP St. Cloud Change Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

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