

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90379 014 ***150.00

DOCUMENT # P03000073189

1. Entity Name
LAMAR STOKES PLUMBING, INC.



Principal Place of Business Mailing Address

~~330 E. MAIN ST~~ **2051 Squirrel Run** P.O. BOX 382
 GENEVA, FL 32732 GENEVA, FL 32732

DO NOT WRITE IN THIS SPACE



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
57-1177141 Not Applicable

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

6. Name and Address of Current Registered Agent

STOKES JR, IRA L
~~330 E. MAIN ST~~ **2051 Squirrel Run**
 GENEVA, FL 32732

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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: *Ira Lamar Stokes Jr* (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

TITLE	P
NAME	STOKES, IRA L JR
STREET ADDRESS	330 E MAIN ST
CITY-ST-ZIP	GENEVA, FL 32732
TITLE	VP
NAME	STOKES, CHRISTOPHER A
STREET ADDRESS	213 CLEARVIEW ROAD
CITY-ST-ZIP	OVIDO, FL 32766
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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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: *Ira Lamar Stokes Jr* *Ira Lamar Stokes Jr* 407-340
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #