## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 13, 2004 8:00 am Secretary of State

DOCUMENT # P03000113477  1. Entity Name TOM MELTON PLUMBING CONTRACTORS, INC.					04-13-200	04 90023 018 ***1	150.00	
Principal Place of Business Mailing Address			-	*#AC+0.4	) U			
•		1811 KATE ST						
PALATKA, FL 32177 PALATKA, FL 32177								
·					NIED IWII SERI DEIN SELI	BA 11881 11888 4011 81816 1881 188		
2 Principal Pl	ace of Business	3. Mailing Address						
2. Filiopairi	ace of business	9. (vialing Address				ET 11 <b>331 14000</b> 17114 BLST1 18811 1881	<b>                                    </b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132004	Chg-P	CR2E034 (10/03)		
0.00						·	nlind For	
City & State		City & State		4. FEI Number	37322		plied For t Applicable	
Zip	Country	Zip	Country			\$8:75 Add		
			· <del>-</del>	5. Certificate of	f Status Desired	Fee Require		
	6. Name and Address of Current F	Registered Agent	Name	7. Name and /	Address of New R	egistered Agent		
MELTON								
MELTON, CHARLES T 1811 KATE ST			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
PALATKA,			-	<del> </del>				
1								
•			City			FL Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing its reg	istered office or regist	ered agent, or both	, in the State of Flo	orida. 1 am familiar with,	and accept	
	ions of registered agent.		_	-				
SIGNATURE_								
JOHATORE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Agent signature requir	red when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu		5.00 May Be dded to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	MELTON, CHARLES T		NAME					
STREET ADDRESS CITY-ST-ZIP	1811 KATE ST   PALATKA, FL 32177		STREET ADDRESS CITY-ST-ZIP					
TITLE	TABATION, TE SETT	☐ Delete	TITLE			Change	Addition	
NAME		L Delete	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		-			
TILE	<del></del>	Delete	TITLE			Change_	Addition	
NAME			NAME STREET ADDRESS				[	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME	<u>+</u>	Delete	NAME			L., 5		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
	l l					☐ Change	☐ Addition	
TITLE		☐ Delete	TITLE					
NAME		☐ Delete	NAME					
4		☐ Delete	1					
NAME STREET ADDRESS CITY-ST-ZIP			NAME Street address City-St-Zip			☐ Chance	Addition	
NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with don'this report or supplemental report is	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby certify that the information supplied with this litting does not qualify for the exemption stated in Section 19.07(5)(f), Florida Statutes, Turbud Statutes, 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:

MALCO SHOMA MICEO INCLUSION IN A STORE OF DIRECTOR

4-9-04

386-329-7769 Daytime Phone #