

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90041 009 ***150.00

DOCUMENT # P03000127835 1. Entity Name PLUMBING BY CHARLIE, CO.	
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Principal Place of Business 33 NE 1ST AVENUE WILLISTON, FL 32696	Mailing Address 33 NE 1ST AVENUE WILLISTON, FL 32696
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DO NOT WRITE IN THIS SPACE

40006042



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 54-2133641	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEIER, CHARLES R
33 NE 1ST AVENUE
WILLISTON, FL 32696

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

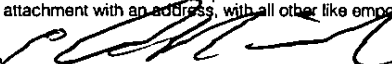
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEIER, CHARLES R 103 NW 2ND AVE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEIER, MARSHA M 103 NW 2ND AVE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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  **1-22-05** **352-528-3861**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #