


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

04-21-2004 90060 041 ***150.00

DOCUMENT # P03000134430	
1. Entity Name BINDER PLUMBING, INC.	

Principal Place of Business 39830 WINDWARD AVENUE EUSTIS FL 32736	Mailing Address PO BOX 569 EUSTIS FL 32727-0569
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	Country	Country
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6. Name and Address of Current Registered Agent BINDER, CHARLES E 39830 WINDWARD AVENUE EUSTIS FL 32736	
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4. FEI Number 43-2034947	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____

<p>FILE NUMBER FEE IS \$150.00 After May 1, 2004 Fee will be \$160.00 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition




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: CE Binder CHARLES BINDER **352-589-6749**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

10426300
P03000134430

PAY TO THE ORDER OF <u>Florida Dept of State</u>		CHARLES E. BINDER D/B/A	03-88		5663
<u>Call Trucked Light & no cuts</u>		BINDER PLUMBING			
		PHONE 352-589-6749			
		39830 WINDWARD AVENUE			
		EUSTIS, FL 32736			
DATE <u>4-19-84</u>					63.215631
FOR 					
SUNTRUST, N.A.					
EUSTIS OFFICE					
EUSTIS, FL 32726					
DOLLARS <u>150.00</u>					
<u>CE Binder</u>					
					

Contains Security Features Detectable on Back

Attachment 60426386

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1009068796

APR 21 2004

2119 32141

APR 28 '04

U.S. DEPT. OF STATE
CONFIDENTIAL OPL 04292004

5166-001 INCL

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BANK OF AMERICA
#0630000574 0003 90 P25
04/28/04
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