2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P03000134430 04-21-2004 90060 041 ***150.00 1. Entity Name BINDER PLUMBING, INC. Principal Place of Business Mailing Address 39830 WINDWARD AVENUE EUSTIS FL 32736 PO BOX 569 EUSTIS FL 32727-0569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BINDER, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 39830 WINDWARD AVENUE **EUSTIS FL 32736** City Zip Code 8. The above named entity submits this statement for the rpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept ions of registered agent. SIGNATUR red Agent signature required when reinstating) LUI FEE IS \$150. FILE 9. Election Campaign Financing \$5.00 May Be After May 1, 2 Make Check Payable to P Trust Fund Contribution. Added to Fees tment of State 10. ERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TILE ☐ Change ☐ Addition BINDER, CHA NAME MAKE STREET ADDRESS 39830 WIND ARD AVENUE STREET ADDRESS EUSTIS F CITY-ST-ZIP **5736** CITY-ST-ZIP MILE TITLE The Celete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete ☐ Change ☐ Addition NAME.... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADORESS 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

FILED

Jun 03, 2004 8:00 am

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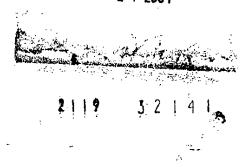
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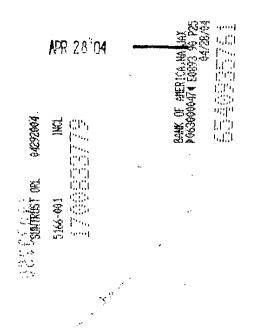
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DEPARTMENT OF STATE FOR DEPOSIT ONLY ACCT. # 1009068796

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