

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90019 009 \*\*\*550.00

<b>DOCUMENT # P03000137857</b>					
<b>1. Entity Name</b> PUNTA GORDA PLMB. CO.					
<b>Principal Place of Business</b> 225 DORRANCE STREET PUNTA GORDA, FL 33950    US			<b>Mailing Address</b> 225 DORRANCE STREET PUNTA GORDA, FL 33950    US		
<b>2. Principal Place of Business</b> 225 Durrance St. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 225 Durrance St. Suite, Apt. #, etc.			
City & State Punta Gorda		City & State Punta Gorda, FL		<b>4. FEI Number</b> Chg-P    CR2E034 (10/03)	
Zip 33950	Country USA	Zip 33950	Country USA	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SCHNEIDER, MICHAEL 225 DORRANCE STREET PUNTA GORDA, FL 33950			<b>7. Name and Address of New Registered Agent</b> Name: <u>Schneider Michael</u> Street Address (P.O. Box Number is Not Acceptable): <u>225 Durrance St.</u> City: <u>Punta Gorda</u> FL    Zip Code: <u>33950</u>		
<b>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.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)    DATE: _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHNEIDER, MICHAEL 225 DORRANCE STREET PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Schneider, Michael 225 Durrance St. Punta Gorda, FL 33950	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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"/> Delete			
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"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Michael B. Schneider</u> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>			Date: <u>8/17/04</u> Daytime Phone #: <u>(941) 639-7612</u>		