

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

04-22-2004 90068 025 ***150.00

DOCUMENT # P03000140560

1. Entity Name
BILL'S PLUMBING, INC.



Principal Place of Business
**P O BOX 728
LAKE CITY, FL 32056-0728**

Mailing Address
**P O BOX 728
LAKE CITY, FL 32056-0728**

00140004



2. Principal Place of Business
607 NE DOUBLE RUN RD

3. Mailing Address
P O BOX 728

Suite, Apt. #, etc.

02232004 Chg-P CR2E034 (10/03)

City & State
LAKE CITY FLORIDA

Zip
32055

Country
COLUMBIA

4. FEI Number
11-3709209

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ROBERTS, WILLIAM C JR
RT 16 BOX 90
LAKE CITY, FL 32055**

7. Name and Address of New Registered Agent
Name
WILLIAM C. ROGERS JR.
Street Address (P.O. Box Number is Not Acceptable)
607 NE-DOUBLE-RUN RD
LAKE CITY FL Zip Code: **32055**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM C. ROBERTS JR 607 NE-DOUBLE-RUN RD LAKE CITY FLORIDA 32055 P/T/S	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
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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: William C. Roberts Jr. APRIL 6, 2004 386-752-0526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR