

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000141356

1. Entity Name
FOX PLUMBING, INC.



Principal Place of Business
1690 SOUTH RIFLE RANGE ROAD
WINTER HAVEN, FL 33880-6152 US

Mailing Address
PO BOX 7166
WINTER HAVEN, FL 33883-7166 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0459716

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROFESSIONAL TAX CONSULTANTS, INC.
112 AVENUE E SW
WINTER HAVEN, FL 33880

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME FOX, THOMAS A JR.
STREET ADDRESS 1690 SOUTH RIFLE RANGE RD.
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP Delete
NAME SMITH, ANTHONY J
STREET ADDRESS 125 AVENUE A EAST
CITY-ST-ZIP WHANETA, FL 33880

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S Delete
NAME YOST, RONALD A
STREET ADDRESS 411 SUWANNEE RD SE
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Thomas A. Yost Sec. Date: 3/25/2005 Daytime Phone #: 863-254-5462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Apr 20, 2005 8:00 am
Secretary of State**

03-30-2005 90038 008 ***150.00

J01124



03172005 Chg-P CR2E034 (10/03)