

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000141919**

1. Entity Name  
COLBY JAYNES PLUMBING, INC.



Principal Place of Business  
39041 CLINTON AVENUE  
DADE CITY, FL 33525

Mailing Address  
39041 CLINTON AVENUE  
DADE CITY, FL 33525



03012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0477920

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JAYNES, COLBY W  
39041 CLINTON AVENUE  
DADE CITY, FL 33525

**DO NOT WRITE  
IN THIS SPACE**

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**

1100000258683  
03/10/05-80050-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME JAYNES, COLBY W  
STREET ADDRESS 39401 CLINTON AVENUE  
CITY-ST-ZIP DADE CITY, FL 33525

TITLE D  
NAME JAYNES, SUZANNE  
STREET ADDRESS 39401 CLINTON AVENUE  
CITY-ST-ZIP DADE CITY, FL 33525

TITLE V  
NAME ROMERO, FABIAN  
STREET ADDRESS 39041 CLINTON AVENUE  
CITY-ST-ZIP DADE CITY, FL 33525

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-2005 392-567-6586  
Date Daytime Phone #