

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

**DOCUMENT # P03000142015**

1. Entity Name

**MAIN STREET PLUMBING, INC.**



03-08-2004 90061 001 \*\*\*150.00

03-08-2004 90061 002 \*\*\*\*\*8.75

Principal Place of Business

**22 WEST 42ND ST.  
JACKSONVILLE FL 32208**

Mailing Address

**22 WEST 42ND ST.  
JACKSONVILLE FL 32208**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E034 (11/03)

**593258424**

**58-2678189**

4. FEI Number

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

**FREEMAN, BOBBY V  
22 WEST 42ND ST.  
JACKSONVILLE FL 32208**

Name

**Bobby V Freeman**

Street Address (P.O. Box Number is Not Acceptable)

**22 west 42nd ST.**

City

**JACKSONVILLE**

FL

Zip Code

**32208**

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

**Bobby V Freeman Bobby V Freeman 2-21-04**

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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  
☐ Delete

**P  
FREEMAN, BOBBY U  
22 WEST 42ND ST.  
JACKSONVILLE FL 32208**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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**V  
MASON, TOMMY L  
22 WEST 42ND ST.  
JACKSONVILLE FL 32208**

TITLE  
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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:

**Bobby V Freeman Bobby V Freeman 2-21-04 904-766-2497**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #