

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90013 013 ***150.00

DOCUMENT # P03000142602

1. Entity Name
COHEN'S PLUMBING, INC.



Principal Place of Business

2085 PAULDOO ST.
FT. MYERS, FL 33916 US

Mailing Address

2085 PAULDOO ST.
FT. MYERS, FL 33916 US

2. Principal Place of Business

2085 Pauldo St.

3. Mailing Address

2085 Pauldo St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers FL

City & State

Ft. Myers, FL

Zip

33916

Country

USA

Zip

33916

Country

USA

02052004

Chg-P

CR2E034 (10/03)

4. FEI Number

592588908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, CLARICE C
2747 LEMON ST.
FT. MYERS, FL 33916

7. Name and Address of New Registered Agent

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 *Clarice C. Davis* *Clarice C. Davis*

2-17-04

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COHEN, ROBERT C	
STREET ADDRESS	2085 PAULDO ST.	
CITY-ST-ZIP	FT. MYERS, FL 33916	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	DAVIS, CLARICE C	
STREET ADDRESS	2747 LEMON ST.	
CITY-ST-ZIP	FT. MYERS, FL 33916	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	COHEN, GLADYS C	
STREET ADDRESS	2085 PAULDO ST.	
CITY-ST-ZIP	FT. MYERS, FL 33916	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert C. Cohen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C Cohen 2-17-04 (239) 334-4742

Date

Daytime Phone #