

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000145947

1. Entity Name
MCCULLOUGH PLUMBING, INC.



05 APR 13 PM 3:04

RECEIVED
ALLIANCE STATE
FLORIDA

Principal Place of Business
POST OFFICE BOX 668
SHARPES, FL 32959

Mailing Address
POST OFFICE BOX 668
SHARPES, FL 32959

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02122004

Chg-P

CR2E034 (10/03)

4. FEI Number

43-2036691

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

MCCULLOUGH, ELLIOTT SR.
986 POINSETTA STREET
COCOA, FL 32927

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, 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
D
MCCULLOUGH, ELLIOTT SR.
POST OFFICE BOX 668
SHARPES, FL 32959

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition
900052111249
04/26/05--01047--004 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
Change Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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Change Addition

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CITY - ST - ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

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:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-2-65 321
3-23-04 636-4405