


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90011 013 ***150.00

DOCUMENT # P03000151977
 1. Entity Name
ELLIOT PLUMBING SERVICE, INC.



Principal Place of Business Mailing Address
66 HAL STREET NICEVILLE FL 32578 **66 HAL STREET NICEVILLE FL 32578**

2. Principal Place of Business Suite, Apt. #, etc.
PO BOX 126

City & State
NICEVILLE FL

Zip Country
32588-0126 USA



MOORE CR2E034 (11/03)

4. FEI Number
20-0726588

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ELLIOTT, JAMES
66 HAL STREET
NICEVILLE FL 32578

7. Name and Address of New Registered Agent
 Name **MARK E. ELLIOTT**
 Street Address (P.O. Box Number is Not Acceptable)
14 Magnolia
 City **NICEVILLE FL** Zip Code **32578**

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 *Mark E Elliott* DATE **3-3-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| | | |
|----------------|--------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ELLIOTT, MARK E | |
| STREET ADDRESS | 66 HAL STREET | |
| CITY-ST-ZIP | NICEVILLE FL 32578 | |
| TITLE | DST | <input checked="" type="checkbox"/> Delete |
| NAME | ELLIOTT, BETTY F | |
| STREET ADDRESS | 66 HAL STREET | |
| CITY-ST-ZIP | NICEVILLE FL 32578 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ELLIOTT, JAMES | |
| STREET ADDRESS | 66 HAL STREET | |
| CITY-ST-ZIP | NICEVILLE FL 32578 | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 14 magnolia | |
| CITY-ST-ZIP | | |
| 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 | | |
| 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: *Mark E Elliott* **MARK E. ELLIOTT** DATE **3-3-04** DAYTIME PHONE # **850-897-3411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #