

ANNUAL REPORT

DOCUMENT # P03000157122

1. Entity Name
JOHN PUCCIO PLUMBING, INC.

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90029 011 ***150.00

Principal Place of Business
7517 ARTHUR STREET
HOLLYWOOD, FL 33024Mailing Address
7517 ARTHUR STREET
HOLLYWOOD, FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0558486

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PUCCIO, JOHN J
7517 ARTHUR STREET
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name

N.A.

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

2/19/04

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
PUCCIO, JOHN J
7517 ARTHUR STREET
HOLLYWOOD, FL 33024

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SV
PUCCIO, MICHELLE M
7517 ARTHUR STREET
HOLLYWOOD, FL 33024

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

John Joseph Puccio
 SIGNATURE AND TYPED OR PRINTED NAME OF CURRENTLY REGISTERED AGENT

2/19/04

954-962-6394