


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90442 035 ***158.75

| | |
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| DOCUMENT # P04000005177 |  |
| 1. Entity Name SCOTT'S PLUMBING, INC. OF PANAMA CITY | |

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|---|---|
| Principal Place of Business 2622 E 40TH CT PANAMA CITY FL 32405 | Mailing Address 2622 E 40TH CT PANAMA CITY FL 32405 |
|---|---|

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| 2. Principal Place of Business 808 E 24th Plaza Suite, Apt. #, etc. | 3. Mailing Address 808 E 24th Plaza Suite, Apt. #, etc. |
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| City & State Panama City Florida | City & State Panama City Florida |
| Zip 32405 | Zip 32405 |
| Country USA | Country USA |



1st MOORE CR2E034 (10/04)

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|---|--|
| 6. Name and Address of Current Registered Agent JUNGER, KENNETH S 2622 E 40TH CT PANAMA CITY FL 32405 | |
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| 4. FEI Number 59-3775347 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 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 *Kenneth S Junger* **Kenneth S Junger Pres.** **4/26/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD JUNGER, KENNETH S 2622 E 40TH CT PANAMA CITY FL 32405 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD SMITH, JERRY L JR. 409 NEW YORK AVENUE LYNN HAVEN FL 32444 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Kenneth S Junger* **Kenneth S Junger Pres.** **4/26/05** **850 529-9304**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #