

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90985 009 ***158.75

DOCUMENT # P04000032156 1. Entity Name J. A. CRAYS PLUMBING, INC.					
Principal Place of Business 716 TOURNAMENT LANE KISSIMMEE, FL 34759			Mailing Address 716 TOURNAMENT LANE KISSIMMEE, FL 34759		
2. Principal Place of Business		3. Mailing Address 421 ALLSPICE COURT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State KISSIMMEE, FLORIDA		4. FEI Number 34-1981040	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
Zip 34759		Country POK		6. Name and Address of Current Registered Agent CRAYS, JEFFREY A 716 TOURNAMENT LANE KISSIMMEE, FL 34759	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD CRAYS, JEFFREY A 716 TOURNAMENT LANE KISSIMMEE, FL 34759	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ 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: 			Date 4-26-05 Daytime Phone #		