

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000039334

1. Entity Name  
CENTRAL ATLANTIC PLUMBING INC.



PMB 123  
450 GEMMAIRE DR  
MELBOURNE, FL 32904

DISTRIBUTION DR  
450 GEMMAIRE DR #M-123  
MELBOURNE, FL 32904

2005 Rei.

FILED

05 OCT 11 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business <b>PMB 123</b> Suite, Apt #, etc <b>DISTRIBUTION DR.</b> City & State <b>MELBOURNE FL</b>	3. Mailing Address <b>PMB 123</b> Suite, Apt. #, etc. <b>DISTRIBUTION DR.</b> City & State <b>MELBOURNE FL</b>	4. FEI Number <b>06-1719033</b>	Applied For Not Applicable
Zip <b>32904</b>	Country <b>BREVARD</b>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  JARAMILLO, RICHARD A 4840 SMITHFIELD MELBOURNE, FL 32934	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
(Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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	P JARAMILLO, RICHARD A 4840 SMITHFIELD MELBOURNE, FL 32934	<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	V JARAMILLO, TRICIA L 4840 SMITHFIELD MELBOURNE, FL 32934	<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	T COMISS, MAURICE S 457 HOLIDAY PARK BLVD NE PALM BAY, FL 32907	<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		<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		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 supplementary 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: *Tricia Jaramillo 7-5-05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Month Year



**CENTRAL ATLANTIC PLUMBING, INC.  
PMB 123  
DISTRIBUTION DRIVE  
MELBOURNE, FLORIDA 32904**

**Florida Department of State  
Division of Corporations  
Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314**

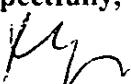
**Attention: Michelle Milligan**

**Reference our conversation on October 5th, 2005. Enclosed is a copy (with the FEI entered) of the UBR2005 sent to you on July 5, 2005. At that time we had requested that we be permitted to pay the \$150.00 fee because we did not receive the initial UBR2005 notice in January.**

**We believe that the problem was a result of the city of Melbourne changing the business street name and address without sufficient advance notice which caused us other mail problems. After talking with one of your Section's representative in July, we mailed a \$150.00 check to pay our UBR fee. This check was deposited by the Division of Corporations and has cleared our bank. Apparently the UBR form submitted was missing the FEI number and rejected which caused us to be administratively dissolved.**

**In light of the above information, we request that we be reinstated.**

**Respectfully,**

  
**Richard A. Jaramillo**

**President**