

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90046 011 ***150.00

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DOCUMENT # P04000046980 1. Entity Name TIGER PLUMBING, INC.					
Principal Place of Business 3858 SW 1ST AVENUE GAINESVILLE, FL 32607			Mailing Address 3858 SW 1ST AVENUE GAINESVILLE, FL 32607		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232005 Chg-P CR2E034 (10/03) 4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">59-3735106</div>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DYKEHOUSE, DARREL S 3858 SW 1ST AVENUE GAINESVILLE, FL 32607			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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <small>Signature, typed or printed name of registered agent and best applicable.</small> </div> <div style="width: 40%; text-align: right;"> <div style="font-size: 1.5em; font-family: cursive;">1/20/05</div> <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAIRROW, STANLEY E		NAME		
STREET ADDRESS	1225 NE 9TH STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32609		CITY-ST-ZIP		
TITLE	PVST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYKEHOUSE, DARREL SCOTT		NAME		
STREET ADDRESS	3858 SW 1ST AVENUE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="font-size: 1.5em; font-family: cursive;">1/20/05</div> <small>Date</small> </div> <div style="width: 40%; text-align: right;"> <div style="font-size: 1.2em; font-family: cursive;">352-379-7883</div> <small>Daytime Phone #</small> </div> </div>		