

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 05, 2005 8:00 am**  
**Secretary of State**

08-05-2005 90003 040 \*\*\*150.00

**DOCUMENT # P04000047448**

1. Entity Name  
**D & W PLUMBING, INC.**



Principal Place of Business  
**10 TIMBERWOOD COURT  
APPALACHICOLA, FL 32320 US**

Mailing Address  
**10 TIMBERWOOD COURT  
APPALACHICOLA, FL 32320 US**

2. Principal Place of Business  
**Appalachicola**  
Suite, Apt. #, etc.

3. Mailing Address  
**10 Timberwood Ct**  
Suite, Apt. #, etc.

City & State  
**Appalachicola Fla**  
Zip  
**32320**  
Country  
**Franklin**

City & State  
**Appalachicola FLA.**  
Zip  
**32320**  
Country  
**Franklin**

05102005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0877138**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BARNES & JAMES, P.A.  
2629 BLAIR STONE ROAD  
TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_  
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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COOK, CHARLES W 10 TIMBERWOOD COURT APPALACHICOLA, FL 32320</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CRUM, SAMMIE D 10 TIMBERWOOD COURT APPALACHICOLA, FL 32320</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/> Change <input type="checkbox"/> Addition
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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 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:** Charles Wayne Cook  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-3-05 8506535735  
Date Daytime Phone #