2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State
05-02-2005 90450 025 ***150.00

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1. Entity Name
PITA FLOOD PLUG'S, CORP

Principal Place of Business	Mailing Address
4231 NE 22 AVENUE LIGHTHOUSE POINT, FL 33064	4231 NE 22 AVENUE LIGHTHOUSE POINT, FL 33064

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1050-8-Dixie Hwy E	Karl Smith 201 N. Ocean Dr
Suite, Apt. #, etc. Suite 163	Suite, Apt. #, etc. 308
City & State Pompano Beach 33060	City & State Pompano Bead
Zip 33060	Country Broward
Zip 33062	Country Broward

4. FEI Number
20-1044763
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, KARL R 201 N OCEAN BLVD SUITE 308 POMPANO BEACH, FL 33062	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: Karl R Smith FL
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
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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MORRIS, CARMELA		NAME		
STREET ADDRESS	4231 NE 22 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HELBLING, PAM		NAME		
STREET ADDRESS	2523 MIDDLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	GLENSHAW, PA 15146		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMITH, KARL R		NAME		
STREET ADDRESS	201 N OCEAN BLVD, SUITE 308		STREET ADDRESS	Same	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCHROEDER, SHARON		NAME		
STREET ADDRESS	390 STEINER BRIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	VALLENCIA, PA 16059		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KILLIAN, LYNN		NAME		
STREET ADDRESS	107 MC DONALD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PITTSBERG, PA 15223		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: Karl R Smith 4-20-05 954-781-8620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #