

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90386 020 \*\*\*150.00

<b>DOCUMENT # P04000126462</b> 1. Entity Name <b>CLAY COUNTY PLUMBING SUPPLY, INC.</b>					
Principal Place of Business <b>1268 BLANDING BLVD. ORANGE PARK, FL 32065</b>			Mailing Address <b>1268 BLANDING BLVD. ORANGE PARK, FL 32065</b>		
2. Principal Place of Business <b>1268 BLANDING BLVD</b> Suite, Apt. #, etc. <b>D</b>		3. Mailing Address <b>1268 BLANDING BLVD</b> Suite, Apt. #, etc. <b>D</b>			
City & State <b>ORANGE PARK, FL</b> Zip <b>32065</b>		City & State <b>ORANGE PARK, FL</b> Zip <b>32065</b>		4. FEI Number <b>20-1528531</b>	
Country <b>CLAY</b>		Country <b>CLAY</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STEPANEK, FRED 117 CENTRE ST., STE. 3 FERNANDINA BEACH, FL 32034</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PELKY, JAMES K</b> <b>449 ARTHUR MOORE DR.</b> <b>GREEN COVE SPRINGS, FL 32043</b> <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	<b>ST</b> <b>PELKY, LAURIE</b> <b>449 ARTHUR MOORE DR.</b> <b>GREEN COVE SPRINGS, FL 32043</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 an other like empowered.					
<b>SIGNATURE:</b> <i>James K Pelky</i> <i>Laurie A Pelky</i> <b>4-27-05</b> <b>213-4291</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					



04252005 Chg-P CR2E034 (10/03)