2004 FOR PROFIT CORPORATION ANNUAL REPORT

PATTERSON, CHRISTY E

1700 CHIPPENDALE RD

CANTONMENT, FL 32533

() Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Apr 26, 2004

DOCUMENT# P92000001166				Secretary of State		
Entity Nar	ne: THE BOY	D PLUMBING COMPANY, INC	O.			
Current Principal Place of Business:				New Principal Place of Business:		
	IWAY 29 SOU ¹ IENT, FL 3253					
Current Mailing Address:				New Mailing Address:		
	IWAY 29 SOU ¹ IENT, FL 3253					
FEI Number:	59-3150719	FEI Number Applied For()	FEI Number No	Applicable () Certific	cate of Status Desired ()	
Name and Address of Current Registered Agent:			Name	Name and Address of New Registered Agent:		
1201 HAYS	ATION SERVIC S STREET SSEE, FL 3230					
	named entity s of Florida.	submits this statement for the p	ourpose of chang	ing its registered office or	registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CD () BOYD, JAMES 3000 MASON R WALNUT HILL,	D	Title: Name: Addres: City-St-	BOYD, DONALD C PRE 1025 E. GADSDEN ST.		
Title: Name: Address: City-St-Zip:	P () BOYD, DONALI 1025 E. GADSI PENSACOLA, F	EN STREET	Title: Name: Addres City-St-	BOYD, JAMES W V.P. s: 3000 MASON RD	e()Addition	
Title: Name: Address: City-St-Zip:	T () BOYD, ELLEN I 920 J.E. BOYD PENSACOLA, F	LANE	Title: Name: Addres City-St-	PATTERSON, JOHN R N s: 1700 CHIPPENDALE R	D	
Title:	S ()	Delete	Title:	TRES (X) Change	e () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: JAMES W. BOYD V.P. 04/26/2004

BOYD, ELLEN L TREASUR

WALNUT HILL, FL 32568

1700 CHIPPENDALE RD.

CANTONMENT, FL 32533

() Change (X) Addition

PATTERSON, CHRISTY E SECRETA

3000 MASON RD