FROM : ALL FL R. SPAHN & DRISCOLL CPA FAX NO. : 4307674

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91071 036 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000004413

1. Entity Name
R.H.S. PLUMBING, INC.

Principal Place of Business	Mailing Address
~~4220 NW 11TH AVE~~ ~~FT LAUDERDALE, FL 33309 US~~	~~4220 NW 11TH AVE~~ ~~FT LAUDERDALE, FL 33309 US~~
5675 SW RANCHITO ST. PALM CITY, FLORIDA 34990-5257	5675 SW RANCHITO ST. PALM CITY, FLORIDA 34990-5257

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04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2494643
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCOTT, TODD R
~~4220 NW 11TH AVE~~ 5675 SW RANCHITO ST.
~~FT LAUDERDALE, FL 33309~~ PALM CITY, FLORIDA
34990-5257

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6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SCOTT, TODD
STREET ADDRESS	~~4220 NW 11TH AVE~~ 5675 SW RANCHITO ST.
CITY-ST-ZIP	~~FT LAUDERDALE, FL~~ PALM CITY, FLORIDA 34990-5257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: ✓ Todd Scott PRESIDENT 04/26/04 954-920-2316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #