2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 16, 2004 08:00 AM---DOCUMENT # P92000013396 **Secretary of State** PREMIER PLUMBING & DRAIN CLEANING, INC. Mailing Address Principal Place of Business 382 LAMANCHA AVE 382 LAMANCHA AVE ROYAL PALM BCH, FL 33417 ROYAL PALM BCH, FL 33411 US No Cha-P CR2E034 (10/03) 01182004 DO NOT WRITE IN THIS SPACE 4. I'El Number Applied For 65-0375658 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PARKER, RODNEY R DO NOT WRITE 382 LAMANCHA AVE ROYAL PALM BCH, FL 33411 IN THIS SPACE 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, typed or printed name of registe od age it and title if applicable (NOTE: Registered Agent signature regulate when reinglature) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000054475 <u>'16704-80174-003-150.00</u> Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PVST** TITLE PARKER, RODNEY R NAME STREET ADDRESS 382 LAMANCHA AVE CITY-ST ZIP ROYAL PALM BCH, FL NAME STREET ADDRESS COTY - ST ZIP BIRT KAME STREET ADDRESS DO NOT WRITE CITY-ST ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST ZIP BILE NAME STREET ADDRESS CITY-ST ZIP TITLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 gent whered 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 appliess, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-04 (5/61)791-1545

FILED