

**2005.FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000013914

1. Entity Name  
PAPA'S PLUMBING, INC.



Principal Place of Business  
4734 MEADOW GREEN TRAIL  
LAKE WORTH, FL 33463

Mailing Address  
4734 MEADOW GREEN TRAIL  
LAKE WORTH, FL 33463



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0395404

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KOVARNIK, EDWARD  
4734 MEADOW GREEN TRAIL  
LAKE WORTH, FL 33463

**DO NOT WRITE  
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 \_\_\_\_\_

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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
KOVARNIK, EDWARD  
4734 MEADOW GREEN TRAIL  
LAKE WORTH, FL 33463

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
TIPPETT, HENRY  
291 MENTONE RD  
LAKE WORTH, FL 33462

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
PLEASANT, MICHAEL  
1008 MACY STREET  
WEST PALM BEACH, FL 33405

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

UN00000180604  
01/14/05-80012-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05 561 514 8878  
Date Daytime Phone