


**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90049 030 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P93000035127</b> 1. Entity Name <b>DARLEY'S PLUMBING, INC.</b>	
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Principal Place of Business <b>4472 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207</b>	Mailing Address <b>4472 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207</b>
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**66002571**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3181245</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent <b>DARLEY, CARL L 6275 KELLOW DRIVE JACKSONVILLE, FL 32216</b>
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**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 \_\_\_\_\_ (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	D DARLEY, CARL L 4472 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARLEY, NEIDA R 5158 CAMELLIA CIRCLE SOUTH JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARLEY, CARL W 5158 CAMELLIA CIR S JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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: Carl Darley Carl Darley President 2-22-05 904 727 1480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #