2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000009907

Entity Name: RANDY MASK PLUMBING, INC.

FILED Feb 07, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	ITON ROAD				
SUITE C SARASOT	TA, FL 34233				
Current Mailing Address:			New Mailing Address:		
SUITE C	ITON ROAD TA, FL 34233				
	r: 65-0458369	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address o	of New Registered Agent:	
4430 ÁSH SUITE C	ANDY D OWNER ITON ROAD TA, FL 34233 L				
	e named entity s te of Florida.	ubmits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	IRE:				
	Electroni	c Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MASK, MARION 5639 COUNTRY		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () MASK, MARION 5639 COUNTRY SARASOTA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () MASK, RANDY 4164 WESTMINI SARASOTA, FL		Title: Name: Address: City-St-Zip:	() Change () 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.

SIGNATURE: RANDY D MASK P 02/07/2005