2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
03-21-2005 90087 049 ***150.00

DOCUMENT # P94000012705

1. Entity Name
SR PLUMBING, CORP.

00U110/4

Principal Place of Business	Mailing Address
~~1147 DENNIS AVENUE~~ 4208 Daubert St. ORLANDO, FL ~~32807~~ 32803	~~1147 DENNIS AVENUE~~ 4208 Daubert ORLANDO, FL ~~32807~~ Orl. Fl. 32803

02182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4208 DAUBERT ST	SAME
Suite, Apt. #, etc.: Orlando, FL	Suite, Apt. #, etc.
City & State: 32803	City & State
Zip / Country: ORANGE	Zip / Country

4. FEI Number: 59-3318075 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIVERA, SAMUEL ~~1147 DENNIS AVENUE~~ 4208 DAUBERT ST. ORLANDO, FL ~~32807~~ 32803	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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: Samuel Rivera 3-14-05
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RIVERA, SAMUEL ~~1147 DENNIS AVENUE~~ 4208 Daubert St ORLANDO, FL ~~32807~~ Orl. FL 32803 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RIVERA, SAMUEL 4208 DAUBERT ST. ORLANDO, FL. 32803 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Samuel Rivera 4/15/05 407 275-9614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #