
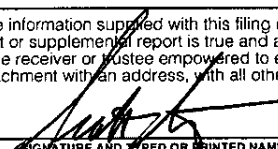


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90062 038 ***158.75

DOCUMENT # P94000084327 1. Entity Name PARADISE PLUMBING OF KEY WEST, INC.			
Principal Place of Business 3735 DUCK AVENUE KEY WEST, FL 33040		Mailing Address 3735 DUCK AVENUE KEY WEST, FL 33040	
2. Principal Place of Business 280 Sugarloaf Blvd		3. Mailing Address 280 Sugarloaf Blvd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Sugarloaf Key FL		City & State Sugarloaf Key FL	
Zip 33042		Zip 33042	
Country 		Country 	
4. FEI Number 65-0529826		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STANLEY, SCOTT D 3735 DUCK AVENUE KEY WEST, FL 33040		7. Name and Address of New Registered Agent Name STANLEY, SCOTT D Street Address (P.O. Box Number is Not Acceptable) 280 SUGARLOAF BLVD City SUGARLOAF FL Zip Code 33042	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD STANLEY, SCOTT D 3735 DUCK AVENUE KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 280 Sugarloaf Blvd Sugarloaf Key FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STANLEY, JAMIE L 3735 DUCK AVENUE KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 280 Sugarloaf Blvd Sugarloaf Key FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 2-5-04 Daytime Phone # (305) 294-0843	