

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000089853

FILED  
Aug 04, 2004  
Secretary of State

Entity Name: BRYON SCHOLZ PLUMBING INC.

**Current Principal Place of Business:**

149 SWAIN BLVD  
GREENACRES, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

149 SWAIN BLVD.  
GREEN ACRES, FL 33463

**New Mailing Address:**

FEI Number: 65-0651609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTIN, JAMES  
149 SWAIN BLVD.  
GREEN ACRES, FL 33463 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCHOLZ, BRYON  
Address: 1760 W TERRACE DRIVE  
City-St-Zip: LAKE WORTH, FL 33460

Title: VP ( ) Delete  
Name: MARTIN, JAMES  
Address: 149 SWAIN BLVD.  
City-St-Zip: GREEN ACRES, FL 33463

Title: T (X) Delete  
Name: BAWDEN, STEVE  
Address: 30 MAPLEWOOD CT  
City-St-Zip: LANTANA, FL 33426

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRYON SCHOLZ

PRES

08/04/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date