


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000014678**  
 1. Entity Name  
**COMMERCIAL AND HOME POOL PLUMBING CORPORATION**



Principal Place of Business      Mailing Address  
 11751 S.W. 168TH TERRACE      11751 S.W. 168TH TERRACE  
 MIAMI, FL 33177                      MIAMI, FL 33177

**DO NOT WRITE IN THIS SPACE**



04262004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0572635      Not Applicable

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

6. Name and Address of Current Registered Agent  
 TUCKER, WILLIAM D.  
 11751 S.W. 168TH TERRACE  
 MIAMI, FL 33177

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-issuing)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	DP TUCKER, BILL 11751 SW 168TH TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	DVP TUCKER, ELIZABETH 11751 SW 138TH TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	
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U00000134540  
 04/28/04-80023-022 150.00

**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:**       **4-26-04**      **305-235-7901**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #