2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

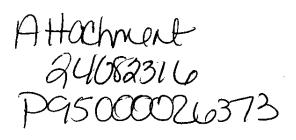
AND TYPED OR PRINTED NAME OF

GNINE OFFICER OR DIRECTOR

Aug 30, 2004 8:00 am Secretary of State DOCUMENT # P95000026373 08-30-2004 90011 035 ***150.00 MICHAEL INVERGO PLUMBING INC. Principal Place of Business Mailing Address 24082316 **1321 DIXIE 1321 DIXIE** LEHIGH ACRES, FL 33936 LEHIGH ACRES, FL 33936 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 08252004 Chg-P City & State City & State 4. FEI Number Applied For 65-0579567 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INVERGO, MICHAEL Street Address (P.O. Box Number is Not Acceptable) **1321 DIXIE** LEHIGH ACRES, FL 33936 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regularly when reinstaure) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition INVERGO, MICHAEL HAME MAME STREET ADDRESS **1321 DIXIE** STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES, FL 33936 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7IE ☐ Delete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 attachme like emp ed. SIGNATURE:

FILED

Daytime Phone #



July 14, 2004

Florida Department of State

Enclosed is our 2004 annual report and a check for \$ 150.00. We never received the form in the mail and we request that the late payment fee be waived.

Thank you.