2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2005 8:00 am DOCUMENT # P95000039545 **Secretary of State** 1. Entity Name 02-09-2005 90060 035 ***150.00 SUN STATE PLUMBING, INC. Principal Place of Business Mailing Address PO BOX 2169 PO BOX 2169 **AUBURNDALE FL 33823 AUBURNDALE FL 33823** 2. Principal Place of Business 3. Mailing Address 305 Gandy Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 59-3319921 Auburn DALE Not Applicable Ζip 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 WALDRON, CARL Street Address (P.O. Box Number is Not Acceptable) LAKE TENNESEE DR. 4998 Juliana **AUBURNDALE FL 33823** Reserve Drup City Zin 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 required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D TITLE ☐ Change ☐ Addition THEF ☐ Defete NAME WALDRON, CARL NAME ett TENNESSEE ST 4999 Juliana STREET ADDRESS STREET ADDRESS **AUBURNDALE FL 33823** CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition THILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS ÇITY-ST-ZIP CLTY-ST-ZIP ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

2/2/05 (863) 967-6970