

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90150 032 ***150.00

DOCUMENT # P95000055783 1. Entity Name CLIFF'S PLUMBING, INC																											
Principal Place of Business 369 E. NORTH SHORE DR. NORTH FORT MYERS, FL 33917		Mailing Address 369 E. NORTH SHORE DR. NORTH FORT MYERS, FL 33917																									
2. Principal Place of Business 303 Buena Vista Blvd.		3. Mailing Address 303 Buena Vista Blvd.																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State Fort Myers, FL		City & State Fort Myers, FL																									
Zip 33905		Zip 33905																									
Country US		Country US																									
4. FEI Number 65-0593569		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 WILCOXEN, CLIFFORD D 369 E. NORTH SHORE DR. NORTH FORT MYERS, FL 33917		7. Name and Address of New Registered Agent Name Mavenck Feliciano Street Address (P.O. Box Number is Not Acceptable) 303 Buena Vista Blvd. City Fort Myers FL Zip Code 33905																									
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 Mavenck Feliciano Pres 3/24/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILCOXEN, CLIFFORD D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>369 E. NORTH SHORE DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH FORT MYERS, FL 33917</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	WILCOXEN, CLIFFORD D		STREET ADDRESS	369 E. NORTH SHORE DR.		CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VP, Sec, TREASURER.</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Wilcoxon, Clifford D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	VP, Sec, TREASURER.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Wilcoxon, Clifford D.		STREET ADDRESS			CITY-ST-ZIP		
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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: Mavenck Feliciano 3/24/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											
Date		Daytime Phone #																									