


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2004 8:00 am
Secretary of State

05-17-2004 90017 040 ***150.00

DOCUMENT # P95000084215 1. Entity Name ABLE PLUMBING SYSTEMS, INC.		
Principal Place of Business 8233 GATOR LN. SUITE 6 WEST PALM BEACH, FL 33411 US		Mailing Address 8233 GATOR LN. SUITE 6 WEST PALM BEACH, FL 33411 US
2. Principal Place of Business 13058 STATE RD 47 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 987 Suite, Apt. #, etc.	
City & State Ft. White, Florida	City & State Ft. White, Florida	4. FEI Number 65-0638514
Zip 32038	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 32038	Country US	Applied For Not Applicable
6. Name and Address of Current Registered Agent EGGERT, WILLIAM D 6066 188 TRAIL NORTH LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent Name William D. Eggert Street Address (P.O. Box Number is Not Acceptable) 13058 STATE Rd 47 City Ft. White, FL Zip Code 32038
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 William D. Eggert (NOTE: Registered Agent signature required when re-registering) DATE MAY 12, 2004		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PVTD	NAME EGGERT, WILLIAM D	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 6066 188 TRAIL NORTH	CITY-ST-ZIP LOXAHATCHEE, FL 33470	NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE Delete <input type="checkbox"/>	NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS Delete <input type="checkbox"/>	CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
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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: William D. Eggert SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 05-12-04 Daytime Phone # 386-497-4695