

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000001281

Entity Name: NAVE PLUMBING, INC.

FILED  
Sep 02, 2004  
Secretary of State

**Current Principal Place of Business:**

POST OFFICE BOX 247  
SANIBEL, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 247  
SANIBEL, FL 33957

**New Mailing Address:**

FEI Number: 65-0631733

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NAVE, CHARLES A SR.  
2244-A PERIWINKLE WAY  
SANIBEL, FL 33957

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NAVE, CHARLES A SR.  
Address: POST OFFICE BOX 247 N/A  
City-St-Zip: SANIBEL, FL 339570247

Title: STD ( ) Delete  
Name: NAVE, GOLDIE M  
Address: POST OFFICE BOX 247 N/A  
City-St-Zip: SANIBEL, FL 339570247

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GOLDIE M. NAVE

SEC

09/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date