

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000012976

1. Entity Name
RAY'S CLASSIC PLUMBING CO.



**FILED
Feb 28, 2005 8:00 am
Secretary of State**

02-28-2005 90236 005 ***150.00

Principal Place of Business
9354 PALOMIND RD.
LAKE WORTH, FL 33467 US

Mailing Address

9354 PALOMIND RD.
LAKE WORTH, FL 33467 US

2. Principal Place of Business
9354 PALOMIND DR

Suite, Apt. #, etc.

3. Mailing Address
9354 PALOMINO DR

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SWEET, RAYMOND S
9354 PALOMINO RD
LAKE WORTH, FL 33467

Name

Street Address (P.O. Box Number is Not Acceptable)

9354 PALOMINO DR

City

FL 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 required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SWEET, RAYMOND S
STREET ADDRESS 9354 PALOMINO RD
CITY-ST-ZIP LAKE WORTH, FL 33467

Delete

TITLE VPST
NAME SWEET, PAMELA L
STREET ADDRESS 9354 PALOMINO RD
CITY-ST-ZIP LAKE WORTH, FL 33467

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

9354 PALOMINO DR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

9354 PALOMINO DR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Pamela S. Sweet V.P.S.T.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05 561-642-8345

Date

Daytime Phone #