


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000020486

1. Entity Name
INDEPENDENCE PLUMBING & PIPING SERVICES, INC.



Principal Place of Business
13230 S.W. 28TH PLACE
DAVIE, FL 33330

Mailing Address
13230 S.W. 28TH PLACE
DAVIE, FL 33330

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 JUL -6 PM 12:23



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0655613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RASMUSSEN, CARL E
13230 S.W. 28TH PLACE
DAVIE, FL 33330

**DO NOT WRITE
IN THIS SPACE**

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: *Carl E Rasmussen* **300039083703**
07/14/04--01005--007 *\$150.00
DATE: 7/14/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RASMUSSEN, CARL E 13230 S.W. 28TH PLACE DAVIE, FL 33330
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**DO NOT WRITE
IN THIS SPACE**

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: *Leslie A Rasmussen* **4/2/04 954 472 2148**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



2092
200 EAST BROWARD BOULEVARD
FORT LAUDERDALE, FLORIDA 33301

POST OFFICE BOX 1900
FORT LAUDERDALE, FLORIDA 33302

(954) 527-2428
FAX: (954) 333-4028
SUSAN.OSBORNE@RUDEN.COM

July 2, 2004

Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

**RE: Independence Plumbing & Piping Services, Inc. – Document No.:
P96000020486**

Ladies and Gentlemen:

Please accept and file the enclosed 2004 Uniform Business Report (“UBR”) for the above-referenced company. I have enclosed a check in the amount of \$150.00 for the filing fee made payable to the Florida Department of State.

The company **did not** receive their UBR at their principal/mailing address; therefore, on behalf of our client we would like to request that no penalty be charged.

If you have any questions regarding this matter, please do not hesitate to call the undersigned.

Very truly yours,

A handwritten signature in cursive script that reads "Susan P. Osborne".
Susan P. Osborne
Corporate Paralegal

SPO/