

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90016 001 ***150.00

DOCUMENT # P96000047282			
1. Entity Name PRO-BOWL PLUMBING, INC.			
Principal Place of Business 11522 WILES ROAD POMPANO BEACH, FL 33076 US		Mailing Address 5067 NW 123 AVE CORAL SPRINGS, FL 33076 US	
2. Principal Place of Business <i>12134 WILES ROAD</i>		3. Mailing Address <i>12134 WILES ROAD</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>CORAL SPRINGS, FL</i>		City & State <i>CORAL SPRINGS, FL</i>	
4. FEI Number NOT APPLICABLE		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 MORETTI, VINCENT J 5067 NW 123 AVE CORAL SPRINGS, FL 33076		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and the fee 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORETTI, VINCENT J	NAME	
STREET ADDRESS	5067 NW 123 AVE	STREET ADDRESS	
CITY- ST- ZIP	CORAL SPRINGS, FL 33076	CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGARY, SCOTT S	NAME	
STREET ADDRESS	2864 DEER RUN TRAIL	STREET ADDRESS	
CITY- ST- ZIP	LOXAHATCHEE, FL 33470	CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRRANG, RICHARD J	NAME	
STREET ADDRESS	12390 NW 78 MANOR	STREET ADDRESS	
CITY- ST- ZIP	PARKLAND, FL 33076	CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORETTI, KIM M	NAME	
STREET ADDRESS	5067 NW 123 AVE	STREET ADDRESS	
CITY- ST- ZIP	CORAL SPRINGS, FL 33076	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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: <i>Vincent J Moretti</i> / VINCENT J MORETTI		Date: 3-28-05 (954) 346-9873	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	