

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90385 032 ***150.00

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03062004 Chg-P CR2E034 (10/03)

DOCUMENT # P96000049078 1. Entity Name MCR PLUMBING MAINTENANCE, INC.																																					
Principal Place of Business 1661 ARLINGTON ST SARASOTA, FL 34239 US			Mailing Address 1661 ARLINGTON ST SARASOTA, FL 34239 US																																		
2. Principal Place of Business 35305 CLAY GULLY RD. Suite, Apt. #, etc.		3. Mailing Address 35305 CLAY GULLY RD. Suite, Apt. #, etc.																																			
City & State MYAKKA CITY, FL Zip 34251-4920 Country		City & State MYAKKA, CITY, FL Zip 34251-4920 Country		4. FEI Number 65-0714967																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																	
6. Name and Address of Current Registered Agent SCHOOK, CHRISTINA L 13704 FRUITVILLE RD SARSOTA, FL 34240			7. Name and Address of New Registered Agent Name CHRISTINA L. SCHOOK Street Address (P.O. Box Number is Not Acceptable) 35305 CLAY GULLY RD. City MYAKKA CITY FL Zip Code 34251-4920																																		
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 <i>Christina L. Schook</i> CHRISTINA L. SCHOOK, PRESIDENT x 13 April 04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P SCHOOK, CHRISTINA L 1661 ARLINGTON ST SARASOTA, FL 34239 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHOOK, CHRISTINA L 1661 ARLINGTON ST SARASOTA, FL 34239 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P CHRISTINA L. SCHOOK 35305 CLAY GULLY RD. MYAKKA CITY, FL 34251-4920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTINA L. SCHOOK 35305 CLAY GULLY RD. MYAKKA CITY, FL 34251-4920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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: <i>Christina L. Schook</i>			CHRISTINA L. SCHOOK																																		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>																																		
<small>Daytime Phone #</small>			941-915-2366																																		