2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004
Secretary of State

DOCUMENT# P96000057455

Entity Name: PLUMB-MASTERS, INC.

Current Principal Place of Business:

541 PERMENTO AVE
JACKSONVILLE, FL 32220

New Principal Place of Business:

10850 US 1
ST. AUGUSTINE, FL 32095

Current Mailing Address:

P.O. BOX 60533
JACKSONVILLE, FL 32236

New Mailing Address:

POST OFFICE BOX 824
PONTE VEDRA BEACH, FL 32204

FEI Number: 59-3390756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLY, MIKE
195A ROSCOE BLVD S.
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

HENDERSON KEASLER LAW FIRM
4309 PABLO OAKS COURT
SUITE FIVE
JACKSONVILLE, FL 32224 US

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: FRANK R. KEASLER, JR. 05/20/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: KELLY, MICHAEL A
Address: 195A ROSCOE BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P (X) Delete
Name: WADE III, JOHN F
Address: 961 GRAPE LN
City-St-Zip: JACKSONVILLE, FL 32259

Title: T (X) Delete
Name: SNEAD, SARA J
Address: 8210 SPENCERS TRACE DR.
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CHARLES, MICHAEL
Address: POST OFFICE BOX 824
City-St-Zip: PONTE VEDRA BEACH, FL 32204

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: MICHAEL CHARLES DIR 05/20/2004
Electronic Signature of Signing Officer or Director Date