

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90087 024 ***150.00

DOCUMENT # P96000057455

1. Entity Name

PLUMB-MASTERS, INC.



Principal Place of Business

10850 US 1
ST. AUGUSTINE FL 32095

Mailing Address

POST OFFICE BOX 824
PONTE VEDRA BEACH FL 32204

*PLEASE CHANGE MAILING
ADDRESS TO: (BELOW)*

2. Principal Place of Business

3. Mailing Address

*955-E PALM VALLEY
ROAD*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PONTE VEDRA BEACH FL

Zip

Country

Zip

Country

32082

ST. JOHNS

4. FEI Number

59-3390756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *PRESIDENT* ☐ Delete
NAME CHARLES, MICHAEL
STREET ADDRESS POST OFFICE BOX 824
CITY-ST-ZIP PONTE VEDRA BEACH FL 32204

TITLE *VICE PRESIDENT* ☐ Change ☒ Addition
NAME *LITTLE VANCE C.*
STREET ADDRESS *955-E PALM VALLEY ROAD*
CITY-ST-ZIP *PONTE VEDRA BEACH FL 32082*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05 *904-285-5054*
Date Daytime Phone #