

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90281 033 ***150.00

DOCUMENT # P96000061768			
1. Entity Name DENARD & SEVER PLUMBING COMPANY			
Principal Place of Business 4106 SOUTHSIDE BLVD JACKSONVILLE, FL 32216		Mailing Address 4106 SOUTHSIDE BLVD JACKSONVILLE, FL 32216	
2. Principal Place of Business 4106 Southside Blvd		3. Mailing Address 4106 Southside Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32216	Country US	Zip 32216	Country US
4. FEI Number 58-3389320		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$4.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DENARD, MICHAEL D 4106 SOUTHSIDE BLVD. JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Danny W. Seaver 4106 Southside Blvd. Jacksonville FL 32216	
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: Danny W. Seaver DATE: 4/12/05 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DP DENARD, MICHAEL D 4106 SOUTHSIDE BLVD JACKSONVILLE, FL 32216 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S Seaver Danny W. 4106 Southside Blvd. Jacksonville FL 32216 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SEVER, JIM W 4106 SOUTHSIDE BLVD JACKSONVILLE, FL 32216 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SEVER, DANNY W 4106 SOUTHSIDE BLVD JACKSONVILLE, FL 32216 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 617, 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: Danny W. Seaver		DATE: 4/12/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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