

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90017 022 ***150.00

DOCUMENT # P96000065187 1. Entity Name NORTHERN FLORIDA PLUMBING, INC.					
Principal Place of Business 545 NE 356 AVE OLD TOWN, FL 32680 US			Mailing Address 545 NE 356 AVE OLD TOWN, FL 32680 US		
2. Principal Place of Business 545 NE 356 AVE Suite, Apt. #, etc.		3. Mailing Address 545 NE 356 AVE Suite, Apt. #, etc.			
City & State OLD TOWN FL Zip 32680 Country		City & State OLD TOWN FL Zip 32680 Country		4. FEI Number NOT APPLICABLE Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01272005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent BROMLEY, DANIEL J RT 21 BOX 4099 LAKE CITY, FL 32024 <i>CHANGE of ADDRESS</i>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 545 NE 356 AVE City OLD TOWN FL Zip Code 32680	
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>Daniel Bromley</i> DANIEL J BROMLEY PRES. 4-7-05 <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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PDST BROMLEY, DANIEL J 7569 216TH ST O'BRIEN, FL 32071 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAPLEY, EDWARD P O BOX 71 N/A O'BRIEN, FL 32071 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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>Daniel Bromley</i> DANIEL J BROMLEY PRES 4-7-05 352 542 9515 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					