

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90077 024 ***158.75

DOCUMENT # P97000028732 1. Entity Name MAY PLUMBING COMPANY, INC.					
Principal Place of Business 2320 BRITANNIA ROAD SARASOTA, FL 34231				Mailing Address 2320 BRITANNIA ROAD SARASOTA, FL 34231	
2. Principal Place of Business 2901 MAIDEN LN.		3. Mailing Address P.O. Box 20997			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03312005 Chg-P CR2E034 (10/03)	
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 65-0737275	
Zip 34231		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAVENDER, KATHRYN M 2320 BRITANNIA ROAD SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
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 <u><i>Kathryn M. Lavender</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	D MAY, FREDDIE J 2320 BRITANNIA ROAD SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 MILLER DR. N.E MOORE HAVEN, FL 33471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, PATRICIA L 2320 BRITANNIA ROAD SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 MILLER DR. N.E. MOORE HAVEN, FL 33471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVENDER, KATHRYN M 144 MYAKKA DRIVE VENICE, FL 34293	<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	D MAY, DAVID A 2320 BRITANNIA ROAD SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4040 PRADO SARASOTA, FL 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVENDAR, JACK K 144 MYAKKA DRIVE VENICE, FL 34293	<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	<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: <u><i>Kathryn M. Lavender</i></u> KATHRYN M. LAVENDER			Date: <u><i>3/31/05</i></u> Daytime Phone #: <u><i>(941) 924-6933</i></u>		