2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/2

FILED
May 13, 2004 8:00 am
Secretary of State
04-28-2004 90167 022 ***150.00

DOCUMENT # P97000044795

1. Entity Name
BILL JACKSON PLUMBING, INC.

Principal Place of Business	Mailing Address
122003 TWIN BRANCH BLVD RD TAMPA, FL 33626	122003 TWIN BRANCH BLVD RD TAMPA, FL 33626

[redacted]

01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3448007
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, WILLIAM
12203 TWIN BRANCK ACRES RD
TAMPA, FL 33626

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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: William B Jackson President 1/29/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JACKSON, WILLIAM
STREET ADDRESS	12203 TWIN BRANCH BVLD RD
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	ST
NAME	JACKSON, KIMBERLY
STREET ADDRESS	12203 TWIN BRANCH RD
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: William B Jackson 5/11/04 · 6138555271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #