


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000081847**

1. Entity Name  
**CONSTANTINE PLUMBING, INC.**



Principal Place of Business      Mailing Address

**12 E 12TH ST  
 ST CLOUD, FL 34769    US**      **PO BOX 702407  
 ST CLOUD, FL 34770    US**

**DO NOT WRITE IN THIS SPACE**



01052004    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-3463539**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CONSTANTINE, PATRICK R  
 433 ORANGE AVE  
 ST CLOUD, FL 34769**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	DP CONSTANTINE, PATRICK R 433 ORANGE AVE ST CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CONSTANTINE, MELISSA A 433 ORANGE AVE ST CLOUD, FL 34769
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 01/12/04-80001-021 158.75

**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:** *Patrick Constantine*      **PATRICK CONSTANTINE**      1/9/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

407-908-9879