


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90316 030 ***150.00

DOCUMENT # P98000018564	
1. Entity Name MOYER PLUMBING, INC.	

Principal Place of Business 3585 NE SKYLINE DR. 3564 NE BARBARA DRIVE JENSEN BEACH, FL 34957	Mailing Address P O BOX 1271 JENSEN BEACH, FL 34958
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DO NOT WRITE IN THIS SPACE

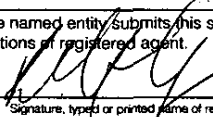


02072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0816620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOYER, ROBERT S 3585 NE SKYLINE DR. 3564 NE BARBARA DRIVE JENSEN BEACH, FL 34957
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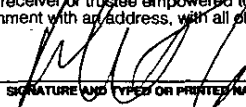
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	ROBERT S. MOYER PRESIDENT	4-26-04
<small>Signature, typed or printed 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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOYER, ROBERT S 3585 NE SKYLINE DR. 3564 NE BARBARA DR. JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOYER, KIMBERLY L 3585 NE SKYLINE DR 3564 NE BARBARA DR. JENSEN BCH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOYER, DEBORAH 3585 NE SKYLINE DR 3564 NE BARBARA DR. JENSEN BCH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.	
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SIGNATURE: 	ROBERT S. MOYER PRESIDENT 4-26-04 772-334-4967
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>