


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90182 002 \*\*\*150.00

<b>DOCUMENT # P98000045876</b> 1. Entity Name <b>A ALL PRO PLUMBING, INC.</b>			
Principal Place of Business <b>2810 PARKWAY STREET</b> <b>3</b> <b>LAKELAND FL 33811</b>		Mailing Address <b>P.O. BOX 93301</b> <b>LAKELAND FL 33804</b>	
2. Principal Place of Business <del><b>All Pro Plumbing</b></del> Suite, Apt. #, etc. <del><b>2810 Parkway St 3</b></del> City & State <del><b>Lakeland, FL</b></del> Zip <del><b>33811</b></del>		3. Mailing Address <del><b>P.O. Box 93301</b></del> Suite, Apt. #, etc. <del><b>3</b></del> City & State <del><b>Lakeland, FL</b></del> Zip <del><b>33804</b></del>	
Country <del><b>USA</b></del>		Country <del><b>USA</b></del>	
4. FEI Number <del><b>57-3512565</b></del>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DISARRO, JOHN A</b> <b>1554 ROYAL FOREST LOOP</b> <b>LAKELAND FL 33811</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4-23-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PST</b> <input type="checkbox"/> Delete NAME <b>DI SARRO, JOHN A</b> STREET ADDRESS <b>1554 ROYAL FOREST LOOP</b> CITY-ST-ZIP <b>LAKELAND FL 33811</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b> <input type="checkbox"/> Delete NAME <b>OSTOJIC, DAVID</b> STREET ADDRESS <b>2810 PARKWAY STREET, 3</b> CITY-ST-ZIP <b>LAKELAND FL 33811</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <u><i>John A. Disarro</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>4-23-04</b> Daytime Phone # <b>863-644-5424</b>	

J400J043



MOORE CR2E034 (11/03)