- 2004 for profit corporation annual report

Apr 02, 2004 08:00 AM Secretary of State DOCUMENT # P98000068891 1. Entity Name R. RIOS PLUMBING, INC. Principal Place of Business Mailing Address 7515 MARYLAND AVE. 7515 MARYLAND AVE. HUDSON, FL 34667 HUDSON, FL 34667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0856467 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIOS, RONALD P 7515 MARYLAND AVE. Street Address (P.O. Box Number is Not Acceptable) HUDSON, FL 34667 City Zip Code 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing File Nowin Fee is \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITE E ☐ Change NAME RIOS, RONALD P NAME U000000101158 STREET ADDRESS 7515 MARYLAND AVE STREET ADDRESS 04/02/04-80001-024 150.00 CITY-ST-ZIP HYDSON, FL 34667 CITY-ST-789 TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CRTY-ST-ZIP THE ☐ Delete 3133 F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete BILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-SE-ZIP

12. I hereby certify that the information supplied with this filling 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 suppliemental report is true and accurate and that my signature shell 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: @

FILED