

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90083 035 ***150.00

DOCUMENT # P98000108017

1. Entity Name

BENCH MARK PLUMBING OF BAY COUNTY INC.



Principal Place of Business

**409 W 9TH ST
LYNN HAVEN FL 32444**

Mailing Address

**PO BOX 1018
LYNN HAVEN FL 32444**

14003410



MOORE CR2E034 (11/03)

2. Principal Place of Business

717 Brandeis Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City FL

City & State

Zip

32405

Country

US

Country

4. FEI Number

59-3548752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRAZIER, CHARLES R
409 W 9TH ST
LYNN HAVEN FL 32444**

7. Name and Address of New Registered Agent

**717 Brandeis Ave
Panama City, FL
32405**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME FRAZIER, CHARLES R SR
STREET ADDRESS 409 W 9TH ST
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE VS ☐ Delete
NAME KENDRICK, BOBBY E
STREET ADDRESS 500 HARRISON PL
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE V ☒ Delete
NAME FRAZIER, CHARLES R JR
STREET ADDRESS 409 W 9TH ST
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ST ☐ Delete
NAME FRAZIER, GLENDA C
STREET ADDRESS 409 W 9TH ST
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Glenda C. Frazier

glenda C. Frazier

4/26/04

850-7850132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/TREAS.

Date

Daytime Phone #