

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000108017

1. Entity Name

BENCH MARK PLUMBING OF BAY COUNTY INC.



Principal Place of Business

**717 BRANDER'S AVE
PANAMA CITY FL 32405**

Mailing Address

**PO BOX 1018
LYNN HAVEN FL 32444**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3548752

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CRZE034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRAZIER, CHARLES R
717 BRANDER'S 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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	FRAZIER, CHARLES R SR	
STREET ADDRESS	409 W 9TH ST	
CITY- ST- ZIP	LYNN HAVEN FL 32444	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KENDRICK, BOBBY E	
STREET ADDRESS	500 HARRISON PL	
CITY- ST- ZIP	PANAMA CITY FL 32405	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FRAZIER, GLENDA C	
STREET ADDRESS	409 W 9TH ST	
CITY- ST- ZIP	LYNN HAVEN FL 32444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Sec. - TR. 850-7850132 3-28-06