

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90026 036 ***150.00

DOCUMENT # P99000031243

1. Entity Name
PLANT CITY PLUMBING, INC.



Principal Place of Business
**4608 CHERYL COURT
PLANT CITY, FL 33567**

Mailing Address
**POST OFFICE BOX 547
DURANT, FL 33530**



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3568011

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	MR.
NAME	MORALES, PEDRO P JR
STREET ADDRESS	4608 CHERYL COURT
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	PST
NAME	MORALES, PEDRO P III
STREET ADDRESS	4603 CHERY CT
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	VP
NAME	SHEILA C. MORALES
STREET ADDRESS	4608 CHERYL CT.
CITY-ST-ZIP	PLANT CITY, FL. 33530
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Sheila C Morales* **SHEILA C. MORALES** 4/5/04 (813) 650-0250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #