

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000046243

1. Entity Name
AUBREY THOMPSON PLUMBING, INC.



Principal Place of Business
4870 RUSHING ROAD
LAKELAND, FL 33810

Mailing Address
4870 RUSHING ROAD
LAKELAND, FL 33810

DO NOT WRITE IN THIS SPACE

**FILED
Apr 28, 2005 08:00 AM
Secretary of State**



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3581794	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, ELAINE
4870 RUSHING ROAD
LAKELAND, FL 33810

**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 re-registering)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME THOMPSON, AUBREY
STREET ADDRESS 4870 RUSHING ROAD
CITY-ST-ZIP LAKELAND, FL 33810

1000000340711
04/28/05-80128-014 150.00

TITLE D
NAME THOMPSON, ELAINE
STREET ADDRESS 4870 RUSHING ROAD
CITY-ST-ZIP LAKELAND, FL 33810

**DO NOT WRITE
IN THIS SPACE**

TITLE
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)(b), 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: *Aubrey Thompson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-05 863-853-8048

Date

Daytime Phone #