## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000048493

Entity Name: PLUMB PROS, INC.

FILED Apr 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1653B W. GULF TO LAKE HWY 8897 W. TRADEWAYS CT. LECANTO, FL 34461 US HOMOSASSA, FL 34448 US

Current Mailing Address: New Mailing Address:

1653B W. GULF TO LAKE HWY P. O. BOX 2439

LECANTO, FL 34461 US CRYSTAL RIVER, FL 34423 US

FEI Number: 59-3592466 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRADFORD, GARY
1653B WEST GULF TO LAKE HIGHWAY
BRADFORD, GARY
P. O. BOX 2439

LECANTO, FL 34461 US CRYSTAL RIVER, FL 34423 US

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.

SIGNATURE: 04/21/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST ( ) Delete Title: PST (X) Change ( ) Addition

Name:BRADFORD, JAYNEAName:BRADFORD, JAYNEAAddress:1653B WEST GULF TO LAKE HIGHWAYAddress:P. O. BOX 2439

City-St-Zip: LECANTO, FL 34461 City-St-Zip: CRYSTAL RIVER, FL 34423

 $\label{eq:total_title} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{($X$) Change ($)} \mbox{ Addition}$ 

Name: BRADFORD, GARY
Address: 1653B WEST GULF TO LAKE HIGHWAY

Name: BRADFORD, GARY
Address: P. O. BOX 2439

City-St-Zip: LECANTO, FL 34461 City-St-Zip: CRYSTAL RIVER, FL 34423

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY BRADFORD VP 04/21/2005