

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000101535 1. Entity Name PRESTIGE PLUMBING, INC.	
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Principal Place of Business 64 CENTRAL AVE. W LAKE WALES, FL 33853	Mailing Address 64 CENTRAL AVE. W LAKE WALES, FL 33853
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04152004 No Chg-P CR2E034 (10/03)

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4. FCI Number 59-3612301	Applied For Not Applied
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHILDRESS, DEBORAH A 1000 TOWER BLVD LAKE WALES, FL 33853
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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 _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D CHILDRESS, DEBORAH A 1000 TOWER RD LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY ST ZIP	D CHILDRESS, DENNIS L 1000 TOWER BLVD LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY ST ZIP	D GREGOIRE, DANIEL P 8948 OAKWOOD DRIVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY ST ZIP	D GREGOIRE, PAULA L 8948 OAKWOOD DRIVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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04/19/04-80084-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 I 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 a other, be empowered.

SIGNATURE: Deborah Childress **DEBORAH CHILDRESS 4-15-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR