## 2004 FOR PROFIT CORPORATION

## Apr 30, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # S34415 1. Entity Name 04-30-2004 90329 037 \*\*\*150.00 JAMES SAVNIK, JR. PLUMBING, INC. and the second of the second o Principal Place of Business@ http://doi.org/10.1009/ Mailing Address 3400 NO. US 1 P.O. BOX 351082 ·-PALM COAST FL 32135-1082 BUNNELL FL 32110 2. Principal Place of Business 3. Mailing Address 3400 North 3400 Horth US Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Swite # Suite # City & State Applied For City & State 4. FEI Number 59-3060475 Florida 3unuell Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Flagler Flagler Fee Required 32110 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUSAN L. SAVNIK Street Address (P.O. Box Number is Not Acceptable) 2 A RIDDLE DR. PALM COAST FL 32164 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 little if applicable. . (NOTE: Registered Agent signature required when reinstaning) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete MLE TITLE ■ Addition SAVNIK, SUSAN L NAME NAME STREET ADDRESS 2-A RIDDLE DRIVE STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32164 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME WILDER, HARRY NAME 6 ARMAND BEACH DRIVE STREET ADDRESS STREET ADDRESS CITY ST ZIP PALM COAST FL"32164" CITY:ST:ZIP -----TITLE NAME PIENING, DONALD NAME STREET ADDRESS 1256 HICKORY STREET STREET ADDRESS CITY-ST-ZIP BUNNELL FL 32110 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE BRAGG, SUSAN NAME NAME 1667 MISTLETOE STREET STREET ADDRESS STREET ADDRESS **BUNNELL FL 32110** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE SAVNIK, SUSAN L NAME NAME 2-A RIDDLE DRIVE STREET ADDRESS STREET ADDRESS PALM COAST FL 32164 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change , 🔲 Addition TITLE TITLE NAME NAME

12. Thereby 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED