

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jan 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # S58110

1. Entity Name

MCCULLOUGH PLUMBING, ELECTRICAL, AND HEATING, INC.



Principal Place of Business

**708 HOWELL ROAD
NICEVILLE FL 32578**

Mailing Address

**708 HOWELL ROAD
NICEVILLE FL 32578**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3072210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCULLOUGH, IRA FRED
708 HOWELL ROAD
NICEVILLE FL 32578**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Ira F. McCullough

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, IRA F	
STREET ADDRESS	708 HOWELL ROAD	
CITY- ST- ZIP	NICEVILLE FL 32578	
TITLE	PVP	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, BEN	
STREET ADDRESS	708 HOWELL ROAD	
CITY- ST- ZIP	NICEVILLE FL 32578	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, MARTHA	
STREET ADDRESS	708 HOWELL ROAD	
CITY- ST- ZIP	NICEVILLE FL 32578	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HARRIS, JEANNIE	
STREET ADDRESS	331 SAILFISH CIR.	
CITY- ST- ZIP	DESTIN FL 32541	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, KEN	
STREET ADDRESS	1700 LIGHTFOOT COURT	
CITY- ST- ZIP	NICEVILLE FL 32578	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARRIS, WILLIAM	
STREET ADDRESS	331 SAILFISH CIR.	
CITY- ST- ZIP	DESTIN FL 32541	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/27/05-80002-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Jeannie Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/05

8506782797

DATE

Daytime Phone #