

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # **568435**

1. Entity Name

FLORIDA PLUMBING APPRENTICESHIP ASSOCIATION, INC.



FILED

04 OCT 13 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1763 N. FLORIDA MANGO RD
STE 4
WEST PALM BEACH FL 33409
US

Mailing Address
1763 N. FLORIDA MANGO RD
STE 4
WEST PALM BEACH FL 33409
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

MOORE CR2E034 (4/04) **04**
4. FEI Number **65-0285596**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, JANET L.
2525 OLD OKEECHOBEE RD
STE 9
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name **Cynthia A Graham**
Street Address (P.O. Box Number is Not Acceptable) **1763 N. Fla Mango Rd #4**
City **WPB** FL Zip Code **33409**

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 **Cynthia L Graham**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7/12/04**

**FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004**

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☒ Delete
NAME **GRAHAM, JANET**
STREET ADDRESS **7956 STEEPLECHASE DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **V** ☐ Delete
NAME **GRAHAM, CYNTHIA**
STREET ADDRESS **4102 WATER OAK CT.**
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
NAME **Cynthia A Graham**
STREET ADDRESS **1763 N. Fla Mango Rd #4**
CITY-ST-ZIP **WPB, FL 33409**

TITLE **VP** ☒ Change ☐ Addition
NAME **Susan Weeks**
STREET ADDRESS **1763 N. Fla Mango Rd #4**
CITY-ST-ZIP **WPB, FL 33409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(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.

SIGNATURE: **Cynthia L. Graham**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/12/04** 561-697-2215
Daytime Phone #