2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 08:00 AM
Secretary of State

DOCUMENT # V04597

1. Entity Name
J & A PLUMBING INC.

Principal Place of Business	Mailing Address
1990 49TH ST S W NAPLES, FL 34116 US	1990 49TH ST S W NAPLES, FL 34116 US

DO NOT WRITE IN THIS SPACE

01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0302488

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, ROLANDO E
1990 49TH ST S W
NAPLES, FL 34116

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	DIAZ, EDELMIRO G
STREET ADDRESS	2640 12 TH AVE. N.E.
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	PTSD
NAME	PEREZ, ROLANDO E
STREET ADDRESS	1990 49TH STREET SW
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/05/04-80106-004 150.00

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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)(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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR