## 2004 FOR PROFIT CORPORATION

## Jul 29, 2004 8:00 am ANNUAL REPORT (AR) **Secretary of State** DOCUMENT # V18095 1. Entity Name 07-29-2004 90005 033 \*\*\*550.00 LEW & SONS PLUMBING, INC. Principal Place of Business Mailing Address 5716 8TH ST.CT.E. BRADENTON FL 34203 P.O. BOX 818 ONECO FL 34264 **74063677** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 65-0329758 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WIDNER, LEWIS C. Street Address (P.O. Box Number is Not Acceptable) 5716 8TH ST. CT. E. BRADENTON FL 34203 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 title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE ☐ Delete TITLE WIDNER, LEWIS C. NAME STREET ADDRESS 5716 8TH ST.CT.E. STREET ADDRESS **BRADENTON FL 34203** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition WIDNER, F. JAMES NAME NAME STREET ADDRESS 5716 8TH ST.CT.E. STREET ADDRESS **BRADENTON FL 34203** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ■ Addition NAME WIDNER, TERRY E. NAME STREET ADDRESS STREET ADDRESS 5716 8TH ST.CT.E. CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

enti contidm SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7. 26. 04 941 753 6681

FILED