


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90184 044 ***150.00

DOCUMENT # V68258 1. Entity Name FLAMINGO PLUMBING & BACKFLOW SERVICES, INC.	
--	---

Principal Place of Business 8100 BELBEDERE RD. SUITE 2 WEST PALM BEACH, FL 33411 US	Mailing Address 8100 BELBEDERE RD. SUITE 2 WEST PALM BEACH, FL 33411 US
---	---

DO NOT WRITE IN THIS SPACE



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0362975	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DULL, LESLIE J.
1645 PALM BEACH LAKES BLVD 3902 SE Coquina Dr.
SUITE 1050
WEST PALM BEACH, FL 33401 Stuart, FL
34997

**DO NOT WRITE
IN THIS SPACE**

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 Leslie J. Dull Leslie J. Dull 4-26-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT DULL, JEFFREY K. 3902 SE COQUINA DR STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS DULL, LESLIE J. 3902 SE COQUINA DR STUART, FL
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	

**DO NOT WRITE
IN THIS SPACE**

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: Jm Kelly 4-26-04 (520) 784-9428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #