2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000007034

1. Entity Name
JEREMY JAMES PLUMBING, INC.

Principal Place of Business	Mailing Address
11320 G-4 FORTUNE CIR. WELLINGTON, FL 33414	15990 MEADOW WOOD DR. WELLINGTON, FL 33414

02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0375947
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KORZENIOWSKI, JAMES J
11320 G-4 FORTUNE CIR.
WELLINGTON, FL 33414

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPV
NAME	KORZENIOWSKI, JAMES J
STREET ADDRESS	15990 MEADOW WOOD DR.
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	T
NAME	KORZENIOWSKI, LORI
STREET ADDRESS	15990 MEADOW WOOD DR.
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	2VP
NAME	FLORA, AL C
STREET ADDRESS	19500 NW 10TH DR
CITY-ST-ZIP	OKEECHOBEE, FL 349729664
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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05/02/06-80043-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jam J Jm Lori Korzeniowski 4/17/06 561233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #