


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90020 048 ***150.00

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1. Entity Name
ALPHA PLUMBING SERVICES, INC.



Principal Place of Business
**420 59 ST NW
 BRADENTON, FL 34209**

Mailing Address
**420 59 ST NW
 BRADENTON, FL 34209**

00002153



02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1007222

Applied For
 Not Applicable

5. Certificate of Status Desired **\$50.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**NIEDZWICK, JOSEPH D
 420 59 ST NW
 BRADENTON, FL 34209**

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 _____ DATE _____

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

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	P
NAME	NIEDZWICK, JOSEPH D Niedzwick
STREET ADDRESS	420 59TH ST NW
CITY - ST - ZIP	BRADENTON, FL 34209
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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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph D. Niedzwick **2-22-06** **941-795-7250**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR