


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000042709</b>	
<b>1. Entity Name</b> SERVICE PRO PLUMBING INC.	

<b>Principal Place of Business</b> 746 FAIRHAVEN DR NORTH PALM BEACH, FL 33408	<b>Mailing Address</b> 746 FAIRHAVEN DR NORTH PALM BEACH, FL 33408
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01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0919242	<input type="checkbox"/> <b>Applied For</b>
	<input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**8. Name and Address of Current Registered Agent**

MCCASLIN, THOMAS S  
 746 FAIRHAVEN DRIVE  
 NORTH PALM BEACH, FL 33408

**DO NOT WRITE IN THIS SPACE**

**9. 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 reselecting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**


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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCASLIN, THOMAS 746 FAIRHAVEN DRIVE NORTH PALM BEACH, FL 33408
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1000001440040  
 03/08/06-80020-023 150.00

**DO NOT WRITE IN THIS SPACE**

**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:**  **2-21-06** **(21) 845-8044**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #