

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V30305

FILED  
Jan 12, 2010  
Secretary of State

**Entity Name:** COUNTER SINK & TUB REPAIR, INC.

**Current Principal Place of Business:**

1384 CASTLE PINES CIRCLE  
ST. AUGUSTINE, FL 32092 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 818  
PONTE VEDRA BEACH, FL 32004 US

**New Mailing Address:**

FEI Number: 59-3116118      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHECTMAN, RICHARD  
1384 CASTLE PINES CIRCLE  
ST. AUGUSTINE, FL 32092 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SCHECTMAN, HELENE  
Address: 1384 CASTLE PINES CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D  
Name: SCHECTMAN, RICHARD  
Address: 1384 CASTLE PINES CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD SCHECTMAN

PRES

01/12/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date