

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000091154

1. Entity Name
A1 TEDDY FELDMAN PLUMBING COMPANY



Principal Place of Business
5203 N. SAN ANDROS
WEST PALM BEACH, FL 33411

Mailing Address
5203 N. SAN ANDROS
WEST PALM BEACH, FL 33411

FILED
Mar 09, 2005 08:00 AM
Secretary of State



03062005 No Chg-P CR2F034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1140437
Applied For
(Not Applicable)
5. Certificate of Gratus Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, TEDDY
5203 N. SAN ANDROS
WEST PALM BEACH, FL 33411

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000256801
03/09/05-80026-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELDMAN, TEDDY 5203 N. SAN ANDROS WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELDMAN, GARRETT 5203 N. SAN ANDROS WEST PALM BEACH, FL 33411
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)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-5 561452222
Date Daytime Phone #