

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P12000069074

Entity Name: MIKE'S PLUMBING & A/C SERVICE, INC**Current Principal Place of Business:**17045 78TH RD NORTH
LOXAHATCHEE, FL 33470**Current Mailing Address:**17045 78TH RD NORTH
LOXAHATCHEE, FL 33470**FEI Number:** 46-0712103**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEBRUN, MICHAEL J SR
17045 78TH RD NORTH
LOXAHATCHEE, FL 33470 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	LEBRUN, MIKE J SR
Address	17045 78TH RD NORTH
City-State-Zip:	LOXAHATCHEE FL 33470

Title	VP
Name	LEBRUN, MICHAEL JR.
Address	17045 78TH RD NORTH
City-State-Zip:	LOXAHATCHEE FL 33470

Title	DIRECTOR
Name	JAGAT, CHRISTINE
Address	5944 CORAL RIDGE DR 275
City-State-Zip:	CORAL SPRINGS FL FL 33076

Title	DIRECTOR
Name	JAGAT, CHRISTINE
Address	5944 CORAL RIDGE DR 275
City-State-Zip:	CORAL SPRINGS FL FL 33076

Title	DIRECTOR
Name	JAGAT, CHRISTINE
Address	5944 CORAL RIDGE DR 275
City-State-Zip:	CORAL SPRINGS FL FL 33076

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: MIKE LEBRUN**PRESIDENT****06/15/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date