

**2016 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, SIMONE .  
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

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 SR.

**PRESIDENT**

**05/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date