

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000099144

**Entity Name:** ANTHONY TORRI PLUMBING, INC.

**Current Principal Place of Business:**

8469 NE 44TH DRIVE  
WILDWOOD, FL 34785

**Current Mailing Address:**

8469 NE 44TH DRIVE  
WILDWOOD, FL 34785 US

**FEI Number:** 59-3608607

**Certificate of Status Desired:** No

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

TORRI, ANTHONY  
8469 NE 44TH DRIVE  
WILDWOOD, FL 34785 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            D  
Name            TORRI, ANTHONY  
Address        8469 NE 44TH DRIVE  
City-State-Zip: WILDWOOD FL 34785

*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:** ANTHONY TORRI

**OWNER**

**04/17/2015**

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

\_\_\_\_\_  
Date