

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90298 025 ***150.00

DOCUMENT # 342558

1. Entity Name
RECKWERDT PLUMBING, INCORPORATED



Principal Place of Business
6030 ESTERO BLVD
FORT MYERS BEACH, FL 33931

Mailing Address
6030 ESTERO BLVD
FORT MYERS BEACH, FL 33931

50043276



04092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1266444	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RECKWERDT, THEODORE A
6030 ESTERO BLVD
FORT MYERS BEACH, FL 33931

**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

Signature, typed or printed name of registered agent and title if applicable.

(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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RECKWERDT, THEODORE A
STREET ADDRESS	6030 ESTERO BLVD
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931

TITLE	VD
NAME	RECKWERDT, JOHN
STREET ADDRESS	6030 ESTERO BLVD
CITY-ST-ZIP	FT MYERS BCH, FL

TITLE	SD
NAME	RECKWERDT, JOELLYN
STREET ADDRESS	6030 ESTERO BLVD
CITY-ST-ZIP	FT MYERS BCH, FL

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)(i), 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

Date

Daytime Phone

4-21-05 239-463-9195