2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 342558

Address:

City-St-Zip:

6030 ESTERO BLVD

FT MYERS BCH, FL

FILED Mar 20, 2009 Secretary of State

				,	
Entity Nan	ne: RECKWE	ERDT PLUMBING, INCORPORA	TED		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6030 ESTE FORT MYE	RO BLVD RS BEACH, I	FL 33931			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
6030 ESTE FORT MYE	RO BLVD RS BEACH, F	FL 33931			
FEI Number:	59-1266444	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
ALL FLORIDA FIRM INC 813 DELTONA BLVD SUITE A DELTONA, FL 32725 US			6030 ESTERO BLVE.	RECKWERDT, THEODORE A 6030 ESTERO BLVE. FORT MYERS BEACH, FL 33931 US	
The above in the State	named entity : of Florida.	submits this statement for the pur	pose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: THEODORE A. RECKWERDT				03/20/2009	
Electronic Signature of Registered Agent			İ	Date	
Election Carr	paign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RECKWERDT, 6030 ESTERO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () RECKWERDT, 6030 ESTERO FT MYERS BC	BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SD () RECKWERDT,) Delete JOELLYN,	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: THEODORE A. RECKWERDT PD 03/20/2009