

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # 452181	
1. Entity Name HOWELL PLUMBING, INC.	
Principal Place of Business 4970 SW 52ND ST BAY 309 DAVIE, FL 33314	Mailing Address 4970 SW 52ND ST BAY 309 DAVIE, FL 33314



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1573735	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

**TAMBORELLI, ANTHONY
1493 SW 97 LANE
DAVIE, FL 33324**

**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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000630684

04/11/07-80086-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TAMBORELLI, ANTHONY
STREET ADDRESS	1493 SW 97 LANE
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	VP
NAME	KANGAS, TIMOTHY A
STREET ADDRESS	410 NW 214 AVE.
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	S
NAME	WIELAND, ARLENE
STREET ADDRESS	7551-1 S. ARAGON BLVD.
CITY-ST-ZIP	SUNRISE, FL 33313
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 exemptions contained 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 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: Anthony Tamborelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-07 754-581-8697
Date Daytime Phone #