


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90044 012 ***150.00

DOCUMENT # 515028 1. Entity Name SEAL-TITE PLUMBING CO.	
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Principal Place of Business 406 N.E. 3RD AVE BAR # 4&5 BOYNTON BCH, FL 33435	Mailing Address 808 OCEAN INLET DR. BOYNTON BCH, FL 33435
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2424 N Federal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. 213
City & State	City & State Boynton Beach FL
Zip	Zip 33435
Country	Country USA



01122007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1703500	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JONES, STEPHEN 808 OCEAN INLET DR. BOYNTON BEACH, FL 33435	2424 N Federal Hwy Apt 213 Boynton Bch FL 33435
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when terminating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV JONES, STEPHEN 808 OCEAN INLET DR. BOYNTON BEACH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JONES, BECKY K 808 OCEAN INLET DR BOYNTON BCH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILLIAM, NESTOR 6267 MADRAS CIRCLE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV Jones, Stephen 2424 N Federal Hwy Apt 213 Boynton Beach, FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Jones, Becky 2424 N Federal Hwy Apt 213 Boynton Beach, FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Nestor, William <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: Stephen K. Jones **STEPHEN K. JONES** 1-18-07 561 7344632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #