

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 524184

FILED  
Apr 23, 2006  
Secretary of State

Entity Name: OLENIK PLUMBING INC.

**Current Principal Place of Business:**

555 RAILROAD AVE  
BOYNTON BEACH, FL 33435 US

**New Principal Place of Business:**

**Current Mailing Address:**

1303 COPLEY CT  
BOYNTON BEACH, FL 33462 US

**New Mailing Address:**

FEI Number: 59-1814452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OLENIK, ROBERT SR  
1303 COPLEY COURT  
BOYNTON BEACH, FL 33436 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OLENIK, ROBERT,  
Address: 1303 COPLEY CT  
City-St-Zip: BOYNTON BEACH FL,

Title: VS ( ) Delete  
Name: OLENIK EILEEN,  
Address: 1303 COPLEY CT  
City-St-Zip: BOYNTON BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ROBERT OLENIK

PD

04/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date