


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 557997**  
 1. Entity Name  
 AMERICAN PLUMBING OF SARASOTA, INC.



Principal Place of Business  
 1901 CATTLEMEN RD, UNIT A  
 SARASOTA, FL 34232-6238 US

Mailing Address  
 1901 CATTLEMEN RD, UNIT A  
 SARASOTA, FL 34232-6238 US



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-1796489 Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TILLE, JAMES D  
 1901 CATTLEMEN RD, UNIT A  
 SARASOTA, FL 34232

**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 \_\_\_\_\_ (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

U00000184862  
 01/20/05-80045-019 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TILLE, JAMES D
STREET ADDRESS	1901 CATTLEMEN RD UNIT A
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	TD
NAME	BANNON, GREGORY J
STREET ADDRESS	4329 PASADENA COURT
CITY-ST-ZIP	SARASOTA, FL 33583, 34233
TITLE	VP
NAME	NEVILLE, DON
STREET ADDRESS	1901 CATHLEN RD
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VP
NAME	GOMEZ, BEN
STREET ADDRESS	1901-A CATHLEN RD
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VP
NAME	LOGAN, TROY
STREET ADDRESS	1901-A CATTLEMEN RD.
CITY-ST-ZIP	SARASOTA, FL 34232
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:** \_\_\_\_\_ **1/13/05**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #