


**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.	
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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
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01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1796489	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TILLE, JAMES D 1901 CATTLEMEN RD, UNIT A SARASOTA, FL 34232
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**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 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 NAME STREET ADDRESS CITY-ST-ZIP	PD TILLE, JAMES D 1901 CATTLEMEN RD UNIT A SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BANNON, GREGORY J 4329 PASADENA COURT SARASOTA, FL 33583, 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEVILLE, DON 1901 CATHLEN RD SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOMEZ, BEN 1901-A CATHLEN RD SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOGAN, TROY 1901-A CATTLEMEN RD. 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #