


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27 2006 08:00 AM
Secretary of State

125106

DOCUMENT # 565905 1. Entity Name ACTION PLUMBING SUPPLY CO.	
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Principal Place of Business 5411 NW 15 ST MARGATE FL 33063	Mailing Address P.O. BOX 934817 MARGATE FL 33093
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-1798150	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

**BERKE, JUDITH
5411 NW 15TH STREET
MARGATE FL 33063**

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 registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	STD	
NAME	BERKE, JUDITH	
STREET ADDRESS	7579 IMPERIAL DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERKE, KENNETH	
STREET ADDRESS	22324 BOYACA AVENUE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BERKE, STUART P	
STREET ADDRESS	21985 PALM GRASS DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	W00000406671		
NAME	02/07/06-20100-004 150.00		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ **1/25/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day (mo) Phone #