

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90117 006 ***150.00

DOCUMENT # 635088

1. Entity Name
A-1 AMERICAN PLUMBING, INC.



Principal Place of Business
**4361 W. SUNRISE BLVD.
PLANTATION, FL 33313**

Mailing Address
**4361 W. SUNRISE BLVD.
PLANTATION, FL 33313**

50014521



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-1935472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRANT, MICHAEL
4361 W. SUNRISE BLVD.
PLANTATION, FL 33313**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GRANT, DARLENE
STREET ADDRESS 2784 NE 24 STREET
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE DIRECTOR ☐ Change ☒ Addition
NAME GONZALEZ, LUIS
STREET ADDRESS 4160 NW 60 STREET
CITY-ST-ZIP FT LAUDERDALE, FL 33319

TITLE P ☐ Delete
NAME GRANT, MICHAEL
STREET ADDRESS 2784 NE 24 STREET
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE DIRECTOR ☐ Change ☒ Addition
NAME CASEY, MICHAEL
STREET ADDRESS 1333 SW 1 AVENUE
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE D ☐ Delete
NAME GRANT, MATTHEW
STREET ADDRESS 2784 NE 24 STREET
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE DIRECTOR ☐ Change ☒ Addition
NAME HANDESLER, ERIC
STREET ADDRESS 7340 NW 39 PLACE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE T ☐ Delete
NAME LEIBOLD, CHERYL
STREET ADDRESS 5370 NW 29 COURT
CITY-ST-ZIP MARGATE, FL 33060

TITLE DIRECTOR ☐ Change ☒ Addition
NAME NEWTON, DOUGLAS
STREET ADDRESS 1431 SW 5 AVENUE
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE D ☐ Delete
NAME MARCH, THOMAS
STREET ADDRESS 4213 NW 73 AVENUE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME THOMPSON, GEORGE
STREET ADDRESS 4670 NW 10 PLACE
CITY-ST-ZIP PLANTATION, FL 33313

TITLE ☐ Change ☐ Addition
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 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 all other like empowered.

SIGNATURE: *Michael Grant* MICHAEL GRANT
PRESIDENT

4/19/06

954-584-7733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #