2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 646095

FRITZ, DONALD T.,

8371 NW 28 PLACE

SUNRISE, FL 33322

Name:

Address:

City-St-Zip:

FILED Apr 20, 2006 Secretary of State

Entity Nan	ne: MISTE	R PLUMBER	, INC.						
Current Principal Place of Business:					New Principal Place of Business:				
10863 NW SUNRISE,	50TH STR FL 33351	EET US			991 STINS 403 WEST PAL	ON WAY .M BEACH, FL	33411	US	
Current M	ailing Add	ress:			New Maili	ng Address:			
10863 NW SUNRISE,		EET US			991 STINS 403 WEST PAL	ON WAY .M BEACH, FL	. 33411	US	
FEI Number:	59-1958726	FEI Numb	er Applied For ()	FEI Num	nber Not Appl	icable ()	Certificate	e of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
FRITZ, DO 7485 NW 2 MARGATE	2 STREET	US							
The above in the State		ty submits thi	s statement for the pu	urpose of	f changing i	ts registered o	ffice or reg	gistered agent, or bo	oth,
SIGNATUR	RE:								
	Elect	ronic Signatui	e of Registered Age	nt			D	ate	
Election Can	npaign Finan	cing Trust Fund	Contribution ().						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P FRITZ, DON 7485 NW 22 MARGATE,	STREET			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	ST FRITZ, BAR 7485 NW 22 MARGATE,	STREET			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP FRITZ, ROB 15513 66 C LOXAHATCI				Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title:	VP	() Delete			Title:	VP (X)	Change () Addition	

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.

Name:

Address:

City-St-Zip:

FRITZ, DONALD T.,

13050 CITURS GROVE BLVD.

WEST PALM BEACH, FL 33412 US

SIGNATURE: DONALD T. FRITZ VΡ 04/20/2006