

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 689260

1. Entity Name

TEARE PLUMBING SUPPLY, INC.



Principal Place of Business

527 BALLOUGH ROAD
DAYTONA BEACH, FL 32114

Mailing Address

527 BALLOUGH ROAD
DAYTONA BEACH, FL 32114



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1882073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

OSTERNDORF, RICHARD J.
421 N. WILD OLIVE AVE.
DAYTONA BEACH, FL 32018

**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

03/20/06

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

03/20/06-20019-012 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FORTIN, M A
1625 PALMER DR
ORMOND BCH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FORTIN, C R
1625 PALMER DR
ORMOND BCH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DIANO, R W
1007 TOMPKINS DR
PT ORANGE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
DIANO, V G
1007 TOMPKINS DR
PT ORANGE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT DIANO PRES 3/6/06 386-252-1322

Date

Daytime Phone #