

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90151 012 ***150.00

DOCUMENT # F96000001276

1. Entity Name
PRO-FIT PIPING COMPONENTS, INC.



Principal Place of Business
**4579 LEWIS ROAD
STONE MOUNTAIN, GA 30083**

Mailing Address
**4579 LEWIS ROAD
STONE MOUNTAIN, GA 30083**

50024089



2. Principal Place of Business

7200 MYKAWA RD

Suite, Apt. #, etc.

3. Mailing Address

7200 MYKAWA RD

Suite, Apt. #, etc.

01052005

Chg-P

CR2E034 (10/03)

City & State

HOUSTON TX

City & State

HOUSTON TX

4. FEI Number

22-2173347

Applied For

Not Applicable

Zip

77033

Country

USA

Zip

77033

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HERZSTEIN, M ARC
STREET ADDRESS 7200 MYKAWA ROAD
CITY-ST-ZIP HOUSTON, TX 77033

TITLE ST ☐ Delete
NAME HERZSTEIN, MARC
STREET ADDRESS 7200 MYKAWA ROAD
CITY-ST-ZIP HOUSTON, TX 77033

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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 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

RSB/CRA/PAH

Date

Daytime Phone #

2/14/05 713-7891100