

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90252 042 \*\*\*158.75

**DOCUMENT # H31661**

1. Entity Name  
**SPENGLER PLUMBING, INC.**



Principal Place of Business  
**3836 EXCHANGE AVE  
NAPLES, FL 34104 US**

Mailing Address  
**535 CARPENTER COURT  
NAPLES, FL 34110 US**

**40000433**



2. Principal Place of Business - No P.O. Box #  
**4730 Enterprise Ave**

3. Mailing Address

Suite, Apt. #, etc.  
**Unit 312**

Suite, Apt. #, etc.

City & State  
**Naples, FL**

City & State

Zip  
**34110**

Country  
**US**

Zip

Country

01042007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2465240**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BUTERA, TERRY R.  
535 CARPENTER COURT  
NAPLES, FL 34110**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BUTERA, TERRY R.	
STREET ADDRESS	535 CARPENTER COURT	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BUTERA, KAREN F.	
STREET ADDRESS	535 CARPENTER COURT	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Thom J. Bates* Vice Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan 4 2007 (239) 597-2301**

Date

Daytime Phone #