

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90054 012 ***150.00

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1. Entity Name
ATLANTIC PLUMBING & SOLAR ENGINEERING, INC.



Principal Place of Business
2167 JULIAN AVENUE N. E.
PALM BAY, FL 32905-4019

Mailing Address
2167 JULIAN AVENUE N. E.
PALM BAY, FL 32905-4019

2. Principal Place of Business - No P.O. Box #
2167 Julian Ave., NE
Suite, Apt. #, etc.
Unit 1

3. Mailing Address
2167 Julian Ave., NE
Suite, Apt. #, etc.
Unit 1

City & State
Palm Bay, FL

City & State
Palm Bay, FL

03192008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2524044

Applied For
Not Applicable

Zip
32905

Country
USA

Zip
32905

Country
USA

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

6. Name and Address of Current Registered Agent

KANE, TIMOTHY
2979 HWY A1A UNIT 231
MELBOURNE BCH, FL 32951

7. Name and Address of New Registered Agent

Name Kane, Timothy
Street Address (P.O. Box Number is Not Acceptable)
321 Second Avenue
City Melbourne Beach FL Zip Code 32951

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

3-19-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	KANE, TIMOTHY M.	2979 HWY A1A UNIT 231	MELBOURNE BEACH, FL 32951	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Kane, Timothy M.	321 Second Avenue	Melbourne Beach, FL 32951	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08 (321) 728-4423

Date

Daytime Phone #