

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # H66265

1. Entity Name
PINE CREST PLUMBING, INC.



Principal Place of Business
4251 NORTHEAST 6TH AVE
OAKLAND PARK, FL 33334 US

Mailing Address
% SYLVESTER H. FERRY
4420 N.W. 19TH AVENUE
FORT LAUDERDALE, FL 33309



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2549771

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FERRY, PATRICIA A.
4420 N.W. 19TH AVENUE
FORT LAUDERDALE, FL 33334

**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

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

U00000607401
01/31/07-80034-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FERRY, SYLVESTER H.
STREET ADDRESS	4420 N.W. 19TH AVENUE
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	TS
NAME	FERRY, PATRICIA A.
STREET ADDRESS	4420 N.W. 19TH AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	PD
NAME	FERRY, DANIEL
STREET ADDRESS	4251 NE 6TH AVE
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 like empowered.

SIGNATURE: *Patricia A. Ferry* PATRICIA A. Ferry 1/24/07 954-491-158.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #