

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90019 028 ***150.00

DOCUMENT # J06801

1. Entity Name
THE PLUMBING PLACE, INC.



Principal Place of Business
**% JOHN M SMITHMAN
5678 FRUITVILLE RD.,#6
SARASOTA, FL 34232**

Mailing Address
**% JOHN M SMITHMAN
5678 FRUITVILLE RD.,#6
SARASOTA, FL 34232**

50003673



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-2907353

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITHMAN, JOHN M
5678 FRUITVILLE ROAD
SARASOTA, FL 33582**

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, 2006 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
NAME SMITHMAN, JOHN M ☐ Delete
STREET ADDRESS 5678 FRUITVILLE RD, #6
CITY-ST-ZIP SARASOTA, FL 34232

TITLE VPD ☒ Delete
NAME GRABER, GARY
STREET ADDRESS 5678 FRUITVILLE RD, #6
CITY-ST-ZIP SARASOTA, FL 34232

TITLE VPSD ☒ Delete
NAME BRITLICH, PAUL D
STREET ADDRESS 5678 FRUITVILLE RD, #6
CITY-ST-ZIP SARASOTA, FL 34232

TITLE T ☒ Delete
NAME GRABER, KATIE
STREET ADDRESS 5678 FRUITVILLE RD, #6
CITY-ST-ZIP SARASOTA, FL 34232

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 DPST ☒ 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 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: JOHN M SMITHMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-06

Date

941-378-5678

Daytime Phone #