

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L45036**

1. Entity Name

ST. PETERSBURG PLUMBING SERVICES, INC.



Principal Place of Business

9109 66TH STREET  
PINELLAS PARK, FL 33782 US

Mailing Address

9109 66TH STREET  
PINELLAS PARK, FL 33782 US

**DO NOT WRITE IN THIS SPACE**



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2987073

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FEHRENBACH, DAVID J.  
735 VALENCIA DRIVE S  
LARGO, FL 33778

**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

4/6/05

**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	DP
NAME	FEHRENBACH, DAVID J.
STREET ADDRESS	735 VALENCIA DR S
CITY-STATE-ZIP	LARGO, FL 33778
TITLE	DV
NAME	SCHEMERA, MICHAEL
STREET ADDRESS	410 89TH AVENUE
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33706
TITLE	DS
NAME	FEHRENBACH, KELLY J
STREET ADDRESS	735 VALENCIA DR S
CITY-STATE-ZIP	LARGO, FL 33778
TITLE	T
NAME	FEHRENBACH, KELLY J
STREET ADDRESS	735 VALENCIA DR S
CITY-STATE-ZIP	LARGO, FL 33778
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/12/05-80024-024 158.75

**DO NOT WRITE  
IN THIS SPACE**

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

DATE

Daytime Phone #

4/6/05 (727) 526-7600