

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M68865

Entity Name: SYNC PLUMBING, INC.

FILED  
Apr 05, 2006  
Secretary of State

## Current Principal Place of Business:

2573-A FORSYTH RD.  
ORLANDO, FL 32807 US

## New Principal Place of Business:

## Current Mailing Address:

2573-A FORSYTH RD  
ORLANDO, FL 32807 US

## New Mailing Address:

FEI Number: 59-2865033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOLES, TOMMY BRUCE  
2937 NOTRE DAME AVENUE  
ORLANDO, FL 32806 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BOLES, TOMMY BRUCE,  
Address: 2937 NOTRE DAME AVE.  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: SLAYMAKER, WAYNE,  
Address: 1221 COLETTA DR.  
City-St-Zip: ORLANDO, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE SLAYMAKER

VP

04/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date