


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90079 030 ***150.00

DOCUMENT # P00000009972 1. Entity Name ADVANCED ROOTER AND PLUMBING, INC.					
Principal Place of Business 3825 INVESTMENT LANE SUITE 11 WEST PALM BEACH, FL 33404			Mailing Address 3825 INVESTMENT LANE SUITE 11 WEST PALM BEACH, FL 33404		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0941548 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01272007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent GRANBERG, WILLIAM H 508 CIRCLE WEST JUPITER, FL 33458			7. Name and Address of New Registered Agent Name Granberg, William Street Address (P.O. Box Number is Not Acceptable) 27414 ST Lucie Ln. City Ramrod Key FL Zip Code 33042		
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 <i>William Granberg</i> DATE 4-12-07 <small>Signature, Typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OVP GRANBERG, WILLIAM 508 CIRCLE WEST JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Granberg, William 27414 ST Lucie Ln Ramrod Key FL 33042	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP GRANBERG, DENISE 508 CIRCLE WEST JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP Granberg, Denise 27414 ST Lucie Ln Ramrod Key 33042	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OVP Enisey, Dennis 303 Lang Rd West Palm Beach FL 33406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>William Granberg</i> DATE 4-12-07 Daytime Phone # 561-662-8144 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					