

**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000014171

1. Entity Name

WARD PLUMBING SERVICES OF JACKSONVILLE, INC.



Principal Place of Business

7005 KEITHAN ROAD
JACKSONVILLE, FL 32220

Mailing Address

7005 KEITHAN ROAD
JACKSONVILLE, FL 32220



01292006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3622197

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

PEPER, RICHARD C JR
3030 HARTLEY ROAD, STE 150
JACKSONVILLE, FL 32257

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000415140
02/11/06-80068-018 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WARD, JERRY T
STREET ADDRESS 841 CRESSWELL LANE WEST
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE VSTD
NAME WARD, KAREN S
STREET ADDRESS 841 CRESSWELL LANE WEST
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/06 904-986-0582