

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90280 022 ***150.00

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1. Entity Name
METRO PREVENTIVE PLUMBING MAINTENANCE INC.



Principal Place of Business
**14743 79TH CT. NORTH
LOXAHATCHEE, FL 33470**

Mailing Address
**14743 79TH CT. NORTH
LOXAHATCHEE, FL 33470**

60027605



DO NOT WRITE IN THIS SPACE

02102006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1027472

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CROFFOLETTI, MICHAEL A
14743 79TH CT. NORTH
LOXAHATCHEE, FL 33470**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 P
NAME CIOFFOLETTI, MICHAEL A
STREET ADDRESS 14743 79TH COURT NORTH
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE S
NAME CIOFFOLETTI, JOAN H
STREET ADDRESS 14743 79TH CT N
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Apr 17, 2006 561-788-7960
Date Daytime Phone #