# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 30, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P00000100027

1. Entity Name

EMERGENCY PLUMBING SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1127 S. PATRICK DR.<br>SUITE # 4<br>SATELLITE BEACH FL 32937 | 1127 S. PATRICK DR.<br>SUITE # 4<br>SATELLITE BEACH FL 32937 |

1st MOORE CR2E034 (10/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3678684 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CURRAN, JOHN C ESQ.
1674 WEST HIBISCUS BLVD.
BUILDING E
MELBOURNE FL 32901

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | PD<br>BONE, JAMES R<br>1923 HWY A1A UNIT C-1<br>INDIAN HARBOR BEACH FL 32937 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>U00000485956<br>04/13/06-80017-021 150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>BONE, JEFFREY M<br>172 GRANT ST<br>SATELLITE BEACH FL 32937 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BONE, CHRISTOPHER S<br>172 GRANT ST.<br>SATELLITE BEACH FL 32937 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BONE, RITA A<br>1923 HWY A1A UNIT C-1<br>SATELLITE BEACH FL 32937 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** _____ 3-27-06 321-777-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #