


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # P01000060958	
1. Entity Name ALL COUNTY PLUMBING CONTRACTORS, INC.	

Principal Place of Business 1870 NE 207 ST NORTH MIAMI BEACH, FL 33179	Mailing Address ALL COUNTY PLBL CONT 740 SW 55 AVE POMPANO BEACH, FL 33068
--	---



02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1117368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SARROW, JEFFREY A 300 S PINE ISLAND RD, SUITE 304 PLANTATION, FL 33324

**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 reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOESSNER, WILLIAM 740 SW 55 AVE MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'TOOLE, EDDIE 1870 NE 207 ST NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, LEROY 140 NE 214 STREET MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000661957
03/20/07-80063-020 150.00

**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:

L Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07

Date Daytime Phone #