


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90171 045 ***150.00

DOCUMENT # P02000061666

1. Entity Name
AT YOUR SERVICE PLUMBING, INC.



Principal Place of Business Mailing Address

226 SE 23 AVE **226 SE 23 AVE**
BOYNTON BEACH, FL 33435 US **BOYNTON BEACH, FL 33435 US**

2. Principal Place of Business 3. Mailing Address

407 S. 3 street **407 S. 3 street**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

LANTANA, FL **LANTANA, FL**

Zip Country Zip Country

33462 U.S.A. **33462 U.S.A.**



01082006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

02-0610471 Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, GILBERT C D
226 SE 23 AVE
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent

Name **Hill, Gilbert C** Director

Street Address (P.O. Box Number is Not Acceptable) **407 S. 3 street**

City **LANTANA** FL Zip Code **33462**

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 *Gilbert C. Hill* DATE **1-9-06**

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**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILL, GILBERT C PRES.	
STREET ADDRESS	226 S.E. 23RD AVENUE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	V.P.	<input checked="" type="checkbox"/> Delete
NAME	BURDWISSE, BLAINE N.V.P.	
STREET ADDRESS	10175 STONEHENGE CIRCLE APT. 1415	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hill, Gilbert C P/N/T/S/D	
STREET ADDRESS	407 S. 3 STREET	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Gilbert C Hill* Date **1-9-06** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #