

**2006 FOR PROFIT CORPORATION-
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000097331

1. Entity Name

ALL PRO PLUMBING SERVICES, INC.



Principal Place of Business

6701 BELASCO AVE
ORLANDO, FL 32810

Mailing Address

6701 BELASCO AVE
ORLANDO, FL 32810



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3650453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARGER, SCOTT
6701 BELASCO AVE
ORLANDO, FL 32810

**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

1100000387539
01/19/06-80043-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AUL, JOSEPH E
STREET ADDRESS	6701 BELASCO AVE
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	ST
NAME	HARGER, DERRICK S
STREET ADDRESS	6701 BELASCO AVE
CITY-ST-ZIP	ORLANDO, FL 32810
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

Vice Pres.

Date

Daytime Phone #

1/11/06 407 295 1000