

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000026604

FILED
Apr 14, 2006
Secretary of State

Entity Name: A BETTER CHOICE PLUMBING, INC.

Current Principal Place of Business:

50 N. PINE AVE.
UMATILLA, FL 32784

New Principal Place of Business:

12 S BAY STREET
EUSTIS, FL 32726

Current Mailing Address:

P.O. BOX 1641
UMATILLA, FL 32784

New Mailing Address:

FEI Number: 54-2102984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, MARTA C
4820 BRITT RD
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARCIA, JORGE L
Address: 50 N. PINE AVE.
City-St-Zip: UMATILLA, FL 32784

Title: S () Delete
Name: GARCIA, MARIA R
Address: PO BOX 1130
City-St-Zip: UMATILLA, FL 32784

Title: T () Delete
Name: GARCIA, VICTOR M
Address: 50 N. PINE AVE.
City-St-Zip: UMATILLA, FL 32784

Title: VP (X) Delete
Name: GARCIA, GILBERTO
Address: 50 N. PINE AVE.
City-St-Zip: UMATILLA, FL 32784

Title: D (X) Delete
Name: GARCIA, YOLANDA
Address: 908 KENTUCKY BLVD
City-St-Zip: EUSTIS, FL 32784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GARCIA, ROSA
Address: 50 N PINE ST
City-St-Zip: UMATILLA, FL 32784

Title: T (X) Change () Addition
Name: CERVANTES, YOLANDA
Address: PO BOX 326
City-St-Zip: UMATILLA, FL 34748

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE L GARCIA

P

04/14/2006

Electronic Signature of Signing Officer or Director

_____ Date