

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000055613

**FILED**  
**Mar 17, 2012**  
**Secretary of State**

**Entity Name:** ALL - WAYS PLUMBING OF THE TREASURE COAST INC.

**Current Principal Place of Business:**

C/O MICHAEL WOODS  
1782 SW AIROSO BLVD  
PORT ST LUCIE, FL 34984

**New Principal Place of Business:**

C/O MICHAEL WOODS  
1973 SW AQUARIUS LANE  
PORT ST LUCIE, FL 34984

**Current Mailing Address:**

C/O MICHAEL WOODS  
1782 SW AIROSO BLVD  
PORT ST LUCIE, FL 34984

**New Mailing Address:**

C/O MICHAEL WOODS  
1973 SW AQUARIUS LANE  
PORT ST LUCIE, FL 34984

**FEI Number:** 06-1695926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODS, MICHAEL  
1782 SW AIROSO BLVD  
PORT ST LUCIE, FL 34984 US

**Name and Address of New Registered Agent:**

WOODS, MICHAEL  
1973 SW AQUARIUS LANE  
PORT ST LUCIE, FL 34984 US

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

03/17/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WOODS, MICHAEL A  
Address: 1973 SW AQUARIUS LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34984

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL WOODS

PRES

03/17/2012

Electronic Signature of Signing Officer or Director

Date