

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000082006

1. Entity Name
SERVICE MASTER PLUMBING SERVICES, INC.



Principal Place of Business
3500 ALOMA AVE
SUITE D-24
WINTER PARK, FL 32792 US

Mailing Address
3500 ALOMA AVE
SUITE D-24
WINTER PARK, FL 32792 US

FILED

2007 SEP 14 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07022007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3295693

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOORE, THOMAS E
4014 HOLLOW CROSSING DR.
ORLANDO, FL 32817

**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees 000109774110
09/21/07--01068--006 **550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOORE, THOMAS E
STREET ADDRESS	4014 HOLLOW CROSSING DR
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 reports 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

9/14/07 407-6716494
Date Daytime Phone #