

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 02, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P03000097938**

1. Entity Name  
**GARY'S PLUMBING AND PUMP SERVICE, INC.**



Principal Place of Business  
**5317 FRUITVILLE RD. #183  
SARASOTA, FL 34232**

Mailing Address  
**5317 FRUITVILLE RD. #183  
SARASOTA, FL 34232**



02222006 No Chg-P CR2E034 (11/05)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>51-0486000</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WEAVER, GARY A  
5317 FRUITVILLE RD. #183  
SARASOTA, FL 34232**

**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 \$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          | PD                        |
| NAME           | WEAVER, GARY A            |
| STREET ADDRESS | 5317 FRUITVILLE RD, # 183 |
| CITY- ST- ZIP  | SARASOTA, FL 34232        |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

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| CITY- ST- ZIP  |  |

10453727  
03/14/06-80033-015 150.00

**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: Gary Weaver  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-06 941915-0606  
Date Daytime Phone #