

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000099434

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** FLAT RATE PLUMBING INC.

**Current Principal Place of Business:**

7519 N. LEEWYNN DR.  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 51195  
SARASOTA, FL 34232 US

**New Mailing Address:**

P.O. BOX 51195  
SARASOTA, FL 34232 US

**FEI Number:** 14-1894796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEKAREK, MARTIN  
7519 N. LEEWYNN DR.  
SARASOTA, FL 34240 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PEKAREK, MARTIN  
Address: 7519 N. LEEWYNN DR.  
City-St-Zip: SARASOTA, FL 34240

Title: S  
Name: PEKAREK, D. ANN  
Address: 7519 N. LEEWYNN DR.  
City-St-Zip: SARASOTA, FL 34240 US

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:** D. ANN PEKAREK

S

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date