


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000121594	
1. Entity Name EMZ PLUMBING, INC.	

Principal Place of Business 1702 SW GEMINI LANE PORT ST. LUCIE FL 34984	Mailing Address 1702 SW GEMINI LANE PORT ST. LUCIE FL 34984
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent GLUCKSMAN, STEVEN G 10651 S. US HIGHWAY #1 PORT ST. LUCIE FL 34952	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D ZIKUS, EDWARD M JR. 1702 SW GEMINI LANE PORT ST. LUCIE FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000608232 02/01/07-80002-003 150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	VP ZIKUS, JANE T 1702 SW DEMINI LANE PORT SAINT LUCIE FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/07 772-819-7445
Date Daytime Phone #