

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90071 005 \*\*\*150.00

DOCUMENT # P03000127702

1. Entity Name

A SPEEDY PLUMBING, INC.



Principal Place of Business

107 A CONCORD DR.  
CASSELBERRY FL 32707

Mailing Address

107 A CONCORD DR.  
CASSELBERRY FL 32707



2. Principal Place of Business - No P.O. Box #

115 F CONCORD DR

Suite, Apt. #, etc.

3. Mailing Address

115 F CONCORD DR

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

CASSELBERRY FL

Zip

32707

Country

USA

City & State

CASSELBERRY FL

Zip

32707

Country

USA

4. FEI Number

86-1088446

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VENICE, SAM J  
~~CASSELBERRY~~ CONCORD DR.  
CASSELBERRY FL 32707

115 F CONCORD DR

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME VENICE, SAM J ☐ Delete  
STREET ADDRESS ~~CASSELBERRY~~ CONCORD DR. 115 F CONCORD DR  
CITY - ST - ZIP CASSELBERRY FL 32707

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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CITY - ST - ZIP

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: Sam J Venice SAM J VENICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-07-4073316509