## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 10, 2005 8:00 am Secretary of State

DOCUMENT # P03000128447  1. Entity Name  MICHAEL PICHT LEAK DETECTION & REPAIR SERVICE, INC.							03-10-2005	90145 02	:5 ***150	.00
Principal Plac	e of Busines	s	Mailing Address		7					
4446 MEAGER CIRCLE PORT CHARLOTTE, FL 33948  4446 MEAGER CIRCLE PORT CHARLOTTE, FL 33948					* 4** *					
2. Principal Place of Business			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E0	34 (10/03)	
City & State			City & State				er 7884		_ <del> </del>	plied For t Applicable
Zip	Zip Country		Zip			5. Certificate	of Status Desired		\$8.75 Add Fee Required	itional i
	6. Name	and Address of Curre	; ·	7. Name and	d Address of New F	Registered A	gent			
PICHT, MICHAEL					Name					
4446 MEAGER CIRCLE PORT CHARLOTTE, FL 33948					Street Address (P.O. Box Number is Not Acceptable)					
					City FL Zip Code					
9 The above	named entit	v cubmits this statement	t for the ourness of changing	rad office or regist	ared agent or be	oth in the State of El		omilior with	and appent	
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										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  \$5.00 May Be Added to Fees										
10.	OFFICERS AND DIRECTORS			11.	<del></del>	ADDITIONS	/CHANGES TO OF	ICERS AND	DIRECTORS	
TITLE NAME - STREET ADDRESS				STR	AE EET ADDRESS				Change	☐ Addition
CITY-ST-ZIP	/-ST-ZIP PORT CHARLOTTE, FL 33948			CIT	Y-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	STR	LE ME EET AODRESS Y-ST-ZIP				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			C) Delicte	- 1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITL NAM STR	.E				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete	TITI NAM STR	.E				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition
12. I hereby i	certify that th	e information supplied v	with this filing does not qualify	for the ext	emption stated in t	Section 119.07(3)	)(i), Florida Statutes.	I further cert	tify that the in	nformation or director

indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it 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 a charged.