

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90022 012 ***150.00

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|---|---|---|---|
| DOCUMENT # P03000146976 1. Entity Name PRECISION PLUMBING SERVICES, INC | | | |
| Principal Place of Business 15441 OLD WEDGE WOOD CT. FT. MYERS FL 33908 US | | Mailing Address 15441 OLD WEDGE WOOD CT. FT. MYERS FL 33908 US | |
| 2. Principal Place of Business 17131 Alico Center Rd. Suite, Apt. #, etc. Suite #2 City & State Fort Myers Florida Zip 33912 | | 3. Mailing Address 17131 Alico Center Rd. Suite, Apt. #, etc. Suite #2 City & State Fort Myers, Florida Zip 33912 | |
| Country LEE | | Country LEE | |
| 4. FEI Number 20-0498679 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent ZUKOWSKI, JANICE 15441 OLD WEDGEWOOD CT FT. MYERS FL 33908 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/S ZUKOWSKI, JANICE 15441 OLD WEDGEWOOD CT FT. MYERS FL 33908 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SHANKS, TIMOTHY R 9381 PINEAPPLE RD FT. MYERS FL 33912 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ _____ | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ _____ | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JANICE ZUKOWSKI PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 4/4/05 239-481-2300 <small>Date Daytime Phone #</small> | |