

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146976

FILED
Jan 19, 2009
Secretary of State

Entity Name: PRECISION PLUMBING SERVICES, INC

Current Principal Place of Business:

8172 MAINLINE PKWY
SUITE 3
FORT MYERS, FL 33912 US

New Principal Place of Business:

17473-B JEAN STREET
FORT MYERS, FL 33912 US

Current Mailing Address:

8172 MAINLINE PKWY
SUITE 3
FORT MYERS, FL 33912 US

New Mailing Address:

17473-B JEAN STREET
FORT MYERS, FL 33912 US

FEI Number: 20-0498679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZUKOWSKI, JANICE
15441 OLD WEDGEWOOD CT
FT.MYERS, FL 33908 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/S () Delete
Name: ZUKOWSKI, JANICE
Address: 15441 OLD WEDGEWOOD CT
City-St-Zip: FT.MYERS, FL 33908 US

Title: VP () Delete
Name: SHANKS, TIMOTHY R
Address: 12693 KENTWOOD AVE
City-St-Zip: FT.MYERS, FL 33913 US

Title: SEC () Delete
Name: SHANKS, CANDY
Address: 8170 MAINLINE PKWY. #3
City-St-Zip: FT MYERS, FL 33912 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: SHANKS, CANDY
Address: 12693 KENTWOOD AVE
City-St-Zip: FT MYERS, FL 33913 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIM SHANKS

VP

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date