

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151977

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Entity Name:** ELLIOTT PLUMBING SERVICE, INC.

**Current Principal Place of Business:**

66 HAL STREET  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 126  
NICEVILLE, FL 325880126

**New Mailing Address:**

**FEI Number:** 20-0726588

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELLIOTT, MARK E  
14 MAGNOLIA  
NICEVILLE, FL 32578 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ELLIOTT, MARK E  
Address: 66 HAL STREET  
City-St-Zip: NICEVILLE, FL 32578

Title: DST  
Name: ELLIOTT, BETTY F  
Address: 66 HAL STREET  
City-St-Zip: NICEVILLE, FL 32578

Title: D  
Name: ELLIOTT, JAMES  
Address: 66 HAL STREET  
City-St-Zip: NICEVILLE, FL 32578

I hereby 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 all other like empowered.

SIGNATURE: MARK ELLIOTT

PRES

02/02/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date