

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000158481**

1. Entity Name  
**KAZ PLUMBING, INC.**



Principal Place of Business

**9281 CORRAL VIEW  
LAKE WORTH, FL 33467**

Mailing Address

**9281 CORRAL VIEW  
LAKE WORTH, FL 33467**



03222008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**56-2427694**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

8. Name and Address of Current Registered Agent

**WLODARCZYK, KAZIMIERZ  
9281 CORRAL VIEW  
LAKE WORTH, FL 33467**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	WLODARCZYK, KAZIMIERZ
STREET ADDRESS	9281 CORRAL VIEW
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	VP
NAME	WLODARCZYK, HALINA
STREET ADDRESS	9281 CORRAL VIEW
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	S
NAME	WLODARCZYK, KATARZYNA
STREET ADDRESS	3549 WEST ATLANTIC BLVD., APT., 607
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	T
NAME	WLODARCZYK, ANETA
STREET ADDRESS	4410 PORTOFINO WAY, APT. 208
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/06-80023-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

**KAZIMIERZ WLODARCZYK**

**3-27-06**

**561-964-4433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #