

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000004904

**1. Entity Name
DE RUSS PLUMBING, INC.**



**Principal Place of Business
1202 NE PINE ISLAND RD., UNIT 2N
CAPE CORAL, FL 33909**

**Mailing Address
1236 SW 4TH CT.
CAPE CORAL, FL 33991**



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
73-1692217**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**RUSSELL, DERRICK
1236 SW 4TH COURT
CAPE CORAL, FL 33991**

**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 PD
NAME RUSSELL, CAROLYN
STREET ADDRESS 1236 SW 4TH CT.
CITY-ST-ZIP CAPE CORAL, FL 33991**

**TITLE VP
NAME RUSSELL, DERRICK
STREET ADDRESS 1236 SW 4TH CT.
CITY-ST-ZIP CAPE CORAL, FL 33991**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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**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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carolyn Russell 4-13-06 239-242-9706