2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2006 08:00 AM Secretary of State **DOCUMENT # P04000006153** 1. Entity Name STEVE TROESCH PLUMBING, INC. Principal Place of Business Mailing Address 1127 EAST 11TH AVE. 1127 EAST 11TH AVE. MOUNT DORA FL 32757 MOUNT DORA FL 32757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. tst MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 20-0577342 Not Applicat \$8.75 Additional Zip Country Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent TROESCH, II, FREDERICK S MR Street Address (P.O. Box Number is Not Acceptable) 1127 EAST 11TH AVE MOUNT DORA FL 32757 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. DATE Signature, typed or printed name of registered agent and lifts if applicable (NOTE: Registered Agent signature required when reinstability) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5 After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition ☐ Delete DBE TATLE MAME NAME TROESCH, II, FREDERICK S MR STREET ADDRESS STREET ADDRESS 1127 EAST 11TH AVE. CITY-ST-ZIP CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Add... ☐ Change TITLE ☐ Delete MARKE 000000560299 05/18/06-30033-023 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THLE ☐ Maiii TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P Change The second Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-70P Delete TITLE Change TITLE NAME MARKE STREET AUDRESS STREET ADDRESS CITY-ST-28P CITY-ST-ZIP THILE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certity that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Treatment

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