

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000016753

1. Entity Name

CARNEY PLUMBING, INC.



Principal Place of Business

230 S.E. 45 TERR
CAPE CORAL FL 33904
US

Mailing Address

230 S.E. 45 TERR
CAPE CORAL FL 33904
US

2. Principal Place of Business

230 S.E. 45 Terr
Suite, Apt. #, etc.

3. Mailing Address

230 S.E. 45 Terr
Suite, Apt. #, etc.

City & State

Cape Coral, FL
33904 Lee

City & State

Cape Coral, FL
33904 Lee

4. FEI Number

20-0663212

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARNEY, MICHAEL J
230 S.E. 45 TERR
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Michael J. Carney

Signature, typed or printed name of registered agent and agent acceptable

(NOTE: Registered Agent signature required when renouncing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CARNEY, MICHAEL J
STREET ADDRESS 230 SE 4 TERR
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP
1100000472865
03/30/06-80010-024 150.00

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify 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:

Michael J. Carney

3/13/06 239-549-41

FILED
Mar 20, 2006 08:00 AM
Secretary of State



1st MOORE

CR2E034 (10/05)