

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000039334

1. Entity Name
CENTRAL ATLANTIC PLUMBING INC.



Principal Place of Business
PMB 123, DISTRIBUTION DR.
MELBOURNE, FL 32904

Mailing Address
PMB 123, DISTRIBUTION DR.
MELBOURNE, FL 32904



03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1719033

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JARAMILLO, RICHARD A
4840 SMITHFIELD
MELBOURNE, FL 32934

**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	P
NAME	JARAMILLO, RICHARD A
STREET ADDRESS	4840 SMITHFIELD
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	V
NAME	JARAMILLO, TRICIA L
STREET ADDRESS	4840 SMITHFIELD
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	T
NAME	COMISS, MAURICE S
STREET ADDRESS	457 HOLIDAY PARK BLVD NE
CITY-ST-ZIP	PALM BAY, FL 32907

000000527978
05/05/06-80018-003 150.00

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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:

Tricia Jaramillo Tricia Jaramillo

4-10-06

321-751-
4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #