


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90027 037 ***158.75

DOCUMENT # P04000042355		
1. Entity Name ATLANTIC PLUMBING OF THE KEYS, INC.		

Principal Place of Business 2210 SEIDENBERG AVENUE KEY WEST, FL 33040	Mailing Address 1075 DUVAL STREET UNIT C21 PMB 163 KEY WEST, FL 33040
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2. Principal Place of Business - No P.O. Box # 5585 Second Ave Suite, Apt. #, etc. #1	3. Mailing Address 5585 Second Ave Suite, Apt. #, etc. #1
City & State Key West, FL	City & State Key West, FL
Zip 33040	Country USA

20007238



03092007 Chg-P CR2E034 (12/06)

4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TIMOTHY CARL JOHN HOWANITZ 2210 SEIDENBERG AVENUE KEY WEST, FL 33040		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:

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TIMOTHY CARL JOHN HOWANITZ 2210 SEIDENBERG AVENUE KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/07 (305) 294-4042
Date Daytime Phone #