


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 03, 2005 8:00 am
Secretary of State

04-29-2005 90280 035 ***150.00

DOCUMENT # P04000076819			
1. Entity Name AMERICAN SERVICES AND PLUMBING, INC.			
Principal Place of Business 658 DOUGLAS AVE #1102 ALTAMONTE SPRINGS, FL 32714-2548		Mailing Address 658 DOUGLAS AVE #1102 ALTAMONTE SPRINGS, FL 32714-2548	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent STEWART, CHERYL 658 DOUGLAS AVE #1102 ALTAMONTE SPRINGS, FL 32714-2548			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 STEWART, CHERYL 658 DOUGLAS AVE #1102 ALTAMONTE SPRINGS, FL 327142548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Cheryl Stewart</i> Cheryl Stewart		Date: <i>4/26/05</i> 407-788-2727	

66021183



04282005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1115140** Applied For ☐ Not Applicable ☐

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