

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P04000110442

1. Entity Name

A & P PREFERRED PLUMBING, INC.



Principal Place of Business

11203 N US HWY 301, #22
OXFORD, FL 34484

Mailing Address

PO BOX 528
OXFORD, FL 34484



02202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

77-0641951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECZO, ALBERT A
11203 N US HWY 301, #22
OXFORD, FL 34484

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BECZO, ALBERT A
STREET ADDRESS	PO BOX 963
CITY-ST-ZIP	WEIRSDALE, FL 32195
TITLE	VP
NAME	SERMONS, PAUL A
STREET ADDRESS	PO BOX 522
CITY-ST-ZIP	OXFORD, FL 34484
TITLE	S
NAME	BECZO, DORI J
STREET ADDRESS	PO BOX 963
CITY-ST-ZIP	WEIRSDALE, FL 32195
TITLE	T
NAME	SERMONS, ROBIN D
STREET ADDRESS	PO BOX 522
CITY-ST-ZIP	OXFORD, FL 34484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000730510
05/08/07-80084-011 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/07 352-748

2277