

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000160469

Entity Name: CSP PLUMBING SERVICES, INC.

FILED
Aug 30, 2005
Secretary of State

Current Principal Place of Business:

13249 INTERLAKEN RD.
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

13249 INTERLAKEN RD.
ODESSA, FL 33556

New Mailing Address:

12511 CHOCTAW TRAIL
HUDSON, FL 34669

FEI Number: 20-2116918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOBEL, CRAIG
Address: 12511 CHOCTAW TRAIL
City-St-Zip: HUDSON, FL 34669

Title: V () Delete
Name: COMBAST, CHARLES
Address: 13243 INTERLAKEN RD.
City-St-Zip: ODESSA, FL 33556

Title: ST () Delete
Name: SOBEL, SABRINA
Address: 12511 CHOCTAW TRAIL
City-St-Zip: HUDSON, FL 34669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SABRINA SOBEL

ST

08/30/2005

Electronic Signature of Signing Officer or Director

Date