

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90021 025 ***150.00

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1. Entity Name

CORAL PLUMBING INC.



Principal Place of Business

100 PEPPERTREE CRESCENT
ROYAL PALM BEACH FL 33411
US

Mailing Address

100 PEPPERTREE CRESCENT
ROYAL PALM BEACH FL 33411
US



2. Principal Place of Business

100 PEPPERTREE CRESCENT

Suite, Apt. #, etc.

3. Mailing Address

100 PEPPERTREE CRESCENT

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

ROYAL PALM BEACH FLORIDA

Zip

33411

Country

USA

City & State

ROYAL PALM BEACH FLORIDA

Zip

33411

Country

USA

4. FEI Number

20-2118582

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUENTES, KEVIN A
100 PEPPERTREE CRESCENT
ROYAL PALM BEACH FL 33411

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

Kevin A. Fuentes KEVIN A. FUENTES PRESIDENT

2-15-06

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME FUENTES, KEVIN A
STREET ADDRESS 100 PEPPERTREE CRESCENT
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE VP ☐ Delete
NAME FUENTES, EMILY
STREET ADDRESS 100 PEPPERTREE CRESCENT
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kevin A. Fuentes KEVIN A. FUENTES PRESIDENT 2-15-06 561-718-9476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #