2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P0500008300 1. Entity Name A B C PLUMBING & GAS SERVICE, INC.							05-01-2006 90448 047 ***150.00				
Principal Place of Business 86A 4TH AVENUE SHALIMAR, FL 32579			Mailing Address 86A 4TH AVENUE SHALIMAR, FL 32579								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04272006	Chg-P	CR2E03	14 (11/05)	
City & State			City & State				4. FEI Numb	(182255			plied For t Applicable
Zip	·	Country	Zip	ntry		5. Certificate	of Status Desired		8.75 Add ee Require		
6. Name and Address of Current f							7. Name and Address of New Registered Agent				
					Name						
PECHTA, I 86A 4TH A SHALIMAF	VENUE					tress (F	P.O. Box Numb	er is Not Acceptable))		
	•	•			City	ity				Zip Code	
					/ FL						
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 a the obligations of registered agent.									and accept		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FIL After Ma	E NOW!!! ay 1,3200	FEE IS \$150.00 6 Fee will be \$550.0	9. Election Cam Trust Fund Co		\$5.6 Adde	00 May Be ed to Fees					
10. OFFICERS AND			DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	DP Deleta			TITL	E	☐ Change ☐ Addition					
NAME	PECHTA, ROBERT J				I .						
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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.

STREET ADDRESS

CITY-\$1-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

HAT HICKS KOSERT SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4.2

1-27-06 850-651-5003