


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07 2007 08:00 AM
Secretary of State

DOCUMENT # P05000101573 1. Entity Name FLO-TECH PLUMBING INC.	
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Principal Place of Business 4689 MICHALER ST. NORTH PORT, FL 34286	Mailing Address 4689 MICHALER ST. NORTH PORT, FL 34286
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3182096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DIAS, MATTHEW J 4689 MICHALER ST. NORTH PORT, FL 34286

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000626410 02/15/07-80018-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIAS, MATTHEW J 4689 MICHALER ST NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DIAS, PATRICIA 4689 MICHALER ST. NORTH PORT, FL 34286
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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: Matthew J Dias CEO **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date _____ Daytime Phone # _____