

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-09-2007 90137 001 ***361.25
P05000130214

DOCUMENT # P05000130214		
1. Entity Name ADVANCED PLUMBING DIAGNOSTIC SERVICES INC.		

Principal Place of Business 163 66TH TERRACE SOUTH WEST PALM BEACH FL 33413	Mailing Address 163 66TH TERRACE SOUTH WEST PALM BEACH FL 33413
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/06)

4. FEI Number 02-0751141	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
MCLEOD, MICHAEL E 163 66TH TERRACE SOUTH WEST PALM BEACH FL 33413	

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	Signature, typed or printed name of registered agent and date, and address	NOT: Registered Agent signature required when transferring	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		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: <i>DANIEL MCLEOD</i>	4-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date