

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90176 050 ***158.75

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1. Entity Name
L AND K RIZIO PLUMBING INC.

Principal Place of Business
418 FORDHAM ST.
SEBASTIAN FL 32958

Mailing Address
418 FORDHAM ST.
SEBASTIAN FL 32958



2. Principal Place of Business - No P.O. Box #
418 FORDHAM ST
Suite, Apt. #, etc.
SEBASTIAN FL

3. Mailing Address
418 FORDHAM ST
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
32958 Indian River

City & State
SEBASTIAN FL

4. FEI Number
38-3751173

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

Zip Country
32958 Indian River

6. Name and Address of Current Registered Agent
RIZIO, LEONARD E
418 FORDHAM ST.
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent
Name
Leonard E. Rizio
Street Address (P.O. Box Number is Not Acceptable)
418 FORDHAM ST
City
SEBASTIAN FL Zip Code
32958

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 **4/5/07**
Signature, typed or printed name of registered agent (and the applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIZIO, LEONARD E		NAME		
STREET ADDRESS	418 FORDHAM ST.		STREET ADDRESS		
CITY - ST - ZIP	SEBASTIAN FL 32958		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
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: **Leonard E. Rizio** **4/5/07** **772-633-9653**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #