

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90024 027 ***158.75

DOCUMENT # P07000016585

1. Entity Name

ALL PRO PLUMBING AND DRAINS INC.



Principal Place of Business

1765 9 MILE RD. STE 1 #223
 PENSACOLA FL 32514
 US

Mailing Address

1765 9 MILE RD. STE 1 #223
 PENSACOLA FL 32514
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

20-8402026

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, WESLEY ADAM
 1765 9 MILE RD. STE 1 #223
 PENSACOLA FL 32514

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 state, if applicable.

NOTE: Registered Agent signature required when reappointing.

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIR	<input type="checkbox"/> Delete
NAME	HARRIS, DAVID	
STREET ADDRESS	1765 9 MILE RD. STE 1 #223	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARRIS, HARRIS	
STREET ADDRESS	1765 9 MILE RD. STE 1 #223	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	NELSON, WESLEY ADAM	
STREET ADDRESS	1765 9 MILE RD. STE 1 #223	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	P	<input type="checkbox"/> Delete
NAME	NELSON, WESLEY ADAM	
STREET ADDRESS	1765 9 MILE RD. STE 1 #223	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Wesley Adam Nelson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18-08
 Date

850-791-0252
 Daytime Phone #