

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000016585

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** ALL PRO PLUMBING AND DRAINS INC.

**Current Principal Place of Business:**

1765 E NINE MILE RD  
SUITE 1 #223  
PENSACOLA, FL 32514 US

**New Principal Place of Business:**

**Current Mailing Address:**

1765 E NINE MILE RD  
SUITE 1 #223  
PENSACOLA, FL 32514 US

**New Mailing Address:**

**FEI Number:** 20-8402026

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NELSON, WESLEY ADAM  
1765 E NINE MILE RD  
SUITE 1 #223  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: HARRIS, DAVID  
Address: 1765 9 MILE RD. STE 1 #223  
City-St-Zip: PENSACOLA, FL 32514 US

Title: VP  
Name: HARRIS, HARRIS  
Address: 1765 9 MILE RD. STE 1 #223  
City-St-Zip: PENSACOLA, FL 32514 US

Title: DIR  
Name: NELSON, WESLEY ADAM  
Address: 1765 9 MILE RD. STE 1 #223  
City-St-Zip: PENSACOLA, FL 32514 US

Title: P  
Name: NELSON, WESLEY ADAM  
Address: 1765 9 MILE RD. STE 1 #223  
City-St-Zip: PENSACOLA, FL 32514 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WESLEY A. NELSON

P

04/21/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date