2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000024004

18051 OTTER WATER WAY

ALVA, FL 33920

Address:

City-St-Zip:

Entity Name: ALL SERVICE PLUMBING AND IRRIGATION INC

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 735 NE 19TH PL 735 NE 19TH PL CAPE CORAL, FL 33909 CAPE CORAL, FL 33909 **Current Mailing Address: New Mailing Address:** 735 NE 19TH PLACE # 5 735 NE 19TH PL UNIT #5 CAPE CORAL, FL 33909 CAPE CORAL, FL 33909 FEI Number: 20-8471284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STGERMAIN, BRANDON J 317 LAKEVIEW DR N FORT MYERS, FL 33917 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition STGERMAIN, BRANDON J Name: Name: 317 LAKEVIEW DR Address: Address: City-St-Zip: N FORT MYERS, FL 33917 City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition Name: BYRNE, TIM K Name: BYRNE, TIM K

Address:

City-St-Zip:

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ALVA, FL 33920

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY K. BYRNE CEO 04/17/2009