

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000003280

1. Entity Name
A M PLUMBING, INC.



Principal Place of Business
15590 NORTH 97 RD N
WPB, FL 33412 US

Mailing Address
15590 NORTH 97 RD N
WPB, FL 33412 US



07292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0365560

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROWLEY, ALBERT
15590 N 97 RD N
WPB, FL 33412

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
CROWLEY, ALBERT
STREET ADDRESS
15590 97 RD N
CITY-ST-ZIP
WPB, FL 33412

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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08/07/06-80003-021 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Albert Crowley

Aug. 3, 2006