


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90219 009 \*\*\*158.75

**DOCUMENT # P93000013916**  
 1. Entity Name  
**DAVID PLUMBING, INC.**



Principal Place of Business Mailing Address  
**5800 GASPARELLA RD, C-2 BOCA GRANDE FL 33921**  
**P.O. BOX 1822 BOCA GRANDE FL 33921**



2. Principal Place of Business 3. Mailing Address  
**1690 Lantana** **1690 Lantana**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Unit 1** **Unit 1**

1st MOORE CR2E034 (10/05)

City & State City & State  
**Englewood FL** **Englewood FL**  
 Zip Country Zip Country  
**34224 Charlotte** **34224 Charlotte**

4. FEI Number **65-0467656** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GUTZ, DAVID J**  
**7321 MAMOUTH STREET**  
**ENGLEWOOD FL 34224**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>GUTZ, DAVID J</b> <b>7321 MAMOUTH ST</b> <b>ENGLEWOOD FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <input type="checkbox"/> Delete <b>GUTZ, SHELLEY</b> <b>7321 MAMOUTH ST</b> <b>ENGLEWOOD FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Shelley Gutz VP 4-11-06 941-475-0781  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #