

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000066971

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** PLUMBING MASTERS OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

361 WILLIAMS POINT BLVD  
COCOA, FL 32927 US

**New Principal Place of Business:**

**Current Mailing Address:**

361 WILLIAMS POINT BLVD  
COCOA, FL 32927 US

**New Mailing Address:**

**FEI Number:** 59-3201681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOGGS, BILL G.  
361 WILLIAMS POINT BLVD.  
COCOA, FL 32927 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: PDS  
Name: BOGGS, BILL G  
Address: 13007 JEWELSTONE WAY  
City-St-Zip: ORLANDO, FL 32828

Title: VDT  
Name: BIENER, WILLIAM  
Address: 361 WILLIAMS POINT BLVD.  
City-St-Zip: COCOA, FL 32927

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: BILL G. BOGGS

PRES

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date