

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90036 005 ***150.00

DOCUMENT # P93000079382
 1. Entity Name
AMERICAN PLUMBING & SEWER, INC.



Principal Place of Business: **3512 ANDALUNA BLVD #2
 CAPE CORAL FL 33909**
 Mailing Address: **6736 HIGHLAND PINES CIRCLE
 FORT MYERS FL 33912
 US**

34023897



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **65-0464462**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent:
**MACAFEE, BRUCE R
 15551 PARK WAY
 ALVA FL 33920**

7. Name and Address of New Registered Agent:
 Name: **Bruce R Macafee**
 Street Address (P.O. Box Number is Not Acceptable): **6736 Highland Pines Cir**
 City: **Ft Myers** FL Zip Code: **33912**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: MACAFEE, BRUCE R STREET ADDRESS: 15551 PARK WAY CITY-ST-ZIP: ALVA FL	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: B. macafee STREET ADDRESS: 6736 Highland Pines Cir CITY-ST-ZIP: Ft Myers FL 33912	
TITLE: V NAME: CATHERINE, MACAFEE STREET ADDRESS: 15551 PARK WAY CITY-ST-ZIP: ALVA FL	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: C. macafee STREET ADDRESS: 6736 Highland Pines Cir CITY-ST-ZIP: Ft Myers FL 33912	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DATE: **3/22/04** Daytime Phone #: **239 694-8711**