

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

MACAFEE, BRUCE R
15551 PARK WAY
ALVA FL 33920

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Bruce R Macafee
6736 Highland Pines Cir
Ft Myers FL 33912

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MACAFEE, BRUCE R	
STREET ADDRESS	15551 PARK WAY	
CITY-ST-ZIP	ALVA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CATHERINE, MACAFEE	
STREET ADDRESS	15551 PARK WAY	
CITY-ST-ZIP	ALVA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<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
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04 239 694-8711
Date Daytime Phone #