


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 14, 2008 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



03312008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0464462	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MACAFEE, BRUCE R
6736 HIGHLAND PINES CIR
FORT MYERS, FL 33912

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000896187
 04/24/08-80097-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	MACAFEE, B
STREET ADDRESS	6736 HIGHLAND PINES CIR
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	V
NAME	MACAFEE, C
STREET ADDRESS	6736 HIGHLAND PINES CIR
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ **4/10/08 239561-1771**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #