

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000079382

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN PLUMBING & REMODEL, INC.

**Current Principal Place of Business:**

3512 ANDALUNA BLVD #2  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

6736 HIGHLAND PINES CIRCLE  
FT. MYERS, FL 33966

**Current Mailing Address:**

6736 HIGHLAND PINES CIRCLE  
FORT MYERS, FL 33912 US

**New Mailing Address:**

6736 HIGHLAND PINES CIRCLE  
FT. MYERS, FL 33966

**FEI Number:** 65-0464462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACAFEE, BRUCE R  
6736 HIGHLAND PINES CIR  
FORT MYERS, FL 33912 US

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

MACAFEE, BRUCE R  
6736 HIGHLAND PINES CIR  
FORT MYERS, FL 33966 US

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

04/22/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: V  
Name: MACAFEE, BRUCE  
Address: 6736 HIGHLAND PINES CIR  
City-St-Zip: FORT MYERS, FL 33966

Title: V  
Name: MACAFEE, CATHERINE  
Address: 6736 HIGHLAND PINES CIR  
City-St-Zip: FORT MYERS, FL 33966

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: CATHERINE MACAFEE

V.

04/22/2010

Electronic Signature of Signing Officer or Director

Date