

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000033562

Entity Name: CPM PLUMBING INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

4654 CR 104  
OXFORD, FL 34484

## New Principal Place of Business:

8767 N US HWY 301  
WILDWOOD, FL 34785

## Current Mailing Address:

P.O. BOX 585  
OXFORD, FL 34484

## New Mailing Address:

FEI Number: 65-0488550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOLINARY, CHRISTOPHER P  
4654 CR 104  
OXFORD, FL 34484 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MOLINARY, CHRISTOPHER P  
Address: 4654 CR 104  
City-St-Zip: OXFORD, FL 34484

Title: D ( ) Delete  
Name: MOLINARY, LESLIE F  
Address: 4654 CR 104  
City-St-Zip: OXFORD, FL 34484

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LESLIE MOLINARY

D

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date