

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000009830

1. Entity Name
CATALINA PLUMBING & MECHANICAL, INC.



FILED

08 OCT 10 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
718 NE 2ND AVE
FT LAUDERDALE, FL 33304

Mailing Address
718 NE 2ND AVE
FT LAUDERDALE, FL 33304

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10072008

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0550388

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

TUCKER, WILLIAM D
718 N.E. 2ND AVENUE
FORT LAUDERDALE, FL 33304

Name

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

City

FL

Zip Code

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

Amended AR Is \$61.25

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 DS ☐ Delete
NAME BENEVENTIN, LINDA
STREET ADDRESS 3102 NW 107TH DR
CITY-ST-ZIP SUNRISE, FL 33351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800136943958
CITY-ST-ZIP 10/15/08--01018--011 **70.00

TITLE P ☐ Delete
NAME BENEVENTIN, LINDA
STREET ADDRESS 3102 NW 107 DR.
CITY-ST-ZIP SUNRISE, FL 33351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME BENEVENTIN, FRANK
STREET ADDRESS 3102 NW 107 DR.
CITY-ST-ZIP FORT LAUDERDALE, FL 33351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President ☐ Delete
NAME GREG V. Snyder
STREET ADDRESS 4343 NW 114 Ave
CITY-ST-ZIP Sunrise, FL 33323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/08 954 854 0824