FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P95000043075

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

Principal Place of Business

BONITA SPRINGS FL 34134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3940 BENNETT LANE

21

22

23

24

Zip

MARCHETTI PLUMBING, INC.

DIVISION OF CORPORATIONS

Mailing Address

3940 BENNETT LANE

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

BONITA SPRINGS FL 33923

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90081 039 ***150.00



| DO NOT WRITE IN THIS SPACE | | | | | |
|----------------------------------|-------------------------------------|--|--|--|--|
| 3. Date Incorporated or Qualifed | | | | | |
| 06/06/1995 | | | | | |
| 4. FEI Number | Applied For | | | | |
| 65-0586181 | Not Applicable | | | | |
| 5. Certificate of Status Desired | - \$8.75 Additional Fee Required | | | | |

\$5.00 May Be Added to Fees

85

6. Election Campaign Financing

Trust Fund Contribution 28 Country 8. This corporation owes the current year Intangible Country ☐ Yes 30 Personal Property Tax. 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MARCHETTI, JULIA R 82 Street Address (P.O. Box Number is Not Acceptable) 3940 BENNETT LANE **BONITA SPRINGS FL 34134** 83 Zip Code

84

City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

| ago.m.v. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
|----------------------------|--|--------------------------------------|-------------------------|----------|---------------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (N | IOTE: Registered Agent signature req | uired when reinstating) | DATE | [|
| 12. OFFICERS AND DIRECTORS | | 13. | | | RS IN 12 |
| TITLE | P DELETE | 1.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | MARCHETTI, MICHAEL J | 1.2 NAME | | | ļ |
| STREET ADDRESS | 3940 BENNET LANE | 1.3 STREET ADDRESS | | 3.44 | |
| CITY-ST-ZIP | BONITA SPRINGS FL | 1.4 CITY-ST-ZIP | | 34/: | |
| TITLE | V □ DELETE | 2.1 TITLE | | Change | ☐ Addition |
| NAME | MARCHETTI, JULIA R | 2.2 NAME | | | |
| STREET ADDRESS | 3940 BENNETT LANE | 2.3 STREET ADDRESS | | - | 1.31 |
| CITY-ST-ZIP | BONITA SPRINGS FL | 2. 4 CITY-ST-ZIP | | | 134 |
| TITLE | ☐ DELETE | 3.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | 3.2 NAME | | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | | | |
| TITLE | □ DELETE | 4.1 ΠπLE | | Change | Addition |
| NAME | | 4. 2 NAME | | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | | |
| TITLE | ☐ DELETE | 5.1 TITLE | • | · Change | ☐ Addition |
| NAME | | 5.2 NAME | | • | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | |
| TITLE | ☐ DELETE | 6.1 TITLE | | Change | Addition |
| NAME | | 6.2 NAME | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | · | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

941-498-508