

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000003416

1. Entity Name
PLUMB, INC.



Principal Place of Business
**1195 RIDGECREST CT
PALM HARBOR, FL 34683**

Mailing Address
**1195 RIDGECREST CT
PALM HARBOR, FL 34683**



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3135533** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RITZ, ROBERT
1195 RIDGECREST CT
PALM HARBOR, FL 34683**

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000495030
04/20/06-80069-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	RITZ, DIANE
STREET ADDRESS	1195 RIDGECREST CT
CITY- ST- ZIP	PALM HARBOR, FL 34683
TITLE	P
NAME	RITZ, BOB
STREET ADDRESS	1195 RIDGECREST CT
CITY- ST- ZIP	PALM HARBOR, FL 34683
TITLE	S
NAME	REED, ROBERT
STREET ADDRESS	8836 NAPA ROAD
CITY- ST- ZIP	NEW PORT RICHEY, FL 34653
TITLE	T
NAME	MUNDINGER, MARK
STREET ADDRESS	1811 N. BELCHER RD. STE. 1-2
CITY- ST- ZIP	CLEARWATER, FL 33765
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4/4/06

Date

727 420-5986

Daytime Phone is