

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90080 048 ***150.00

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1. Entity Name

TEBBE PLUMBING, INC.



Principal Place of Business

15800 S.W. 51 MANOR
FT. LAUDERDALE FL 33330
US

Mailing Address

15800 S.W. 51 MANOR
FT. LAUDERDALE FL 33330
US

2. Principal Place of Business

15800 S.W. 51 MANOR
Suite, Apt. #, etc.

3. Mailing Address

15800 SW 51 MANOR
Suite, Apt. #, etc.

City & State

SOUTH WEST RANCHES FL

City & State

SOUTH WEST RANCHES FL

4. FEI Number

65-0643049

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEBBE, GREGG
15800 SW 51 MANOR
FT. LAUDERDALE FL 33330

7. Name and Address of New Registered Agent

Name GREGG TEBBE
Street Address (P.O. Box Number is Not Acceptable)
15800 S.W. 51 MANOR
City SOUTH WEST RANCHES FL Zip Code 33331

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME TEBBE, GREGG
STREET ADDRESS 15800 S.W. 51 MANOR
CITY-ST-ZIP FT. LAUDERDALE FL 33330

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP SOUTH WEST RANCHES FL 33331

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

TITLE ☐ Change ☐ Addition
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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 exemption stated in Section 119.07(3)(f), 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:

GREGG TEBBE 1/26/05 954-680-4593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #