

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000045164

1. Entity Name
PLUMBER I AM, INC.



Principal Place of Business
9775 D BOCA GARDENS CI N.
BOCA RATON, FL 33496

Mailing Address
9775 D BOCA GARDENS CI N.
BOCA RATON, FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06152006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0668477

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

GOLDSTEIN, LESLIE
9775 D BOCA GARDENS CI N.
BOCA RATON, FL 33496

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

TITLE PD
NAME GOLDSTEIN, LESLIE ☐ Delete
STREET ADDRESS 9775 D BOCA GARDENS CI N.
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE VP
NAME GOLDSTEIN, MICHAEL ☐ Delete
STREET ADDRESS 9775 D BOCA GARDENS CI N.
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE SD
NAME JOHNSTON, DONALD ☒ Delete
STREET ADDRESS 1199 SW 2ST AVE
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
300076718263
06/29/06--01047--011 **\$61.25

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
JC 6/21

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:

LESLIE GOLDSTEIN

6/15/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

06 JUN 19 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

