

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000065785			
1. Entity Name INDEPENDENT PLUMBING ENTERPRISE, INC.			
Principal Place of Business 2388 B HWY 98 SUITE B MARY ESTHER, FL 32569 US	Mailing Address 2388 B HWY 98 SUITE B MARY ESTHER, FL 32569 US		
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent SCHWENKE, VAN T 4120 HWY 87 NAVARE, FL 32566		01302006 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-3386270	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		1000000444300 03/06/06-80045-025 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHWENKE, VAN 2388 HWY 98 MARY ESTHER, FL 32566	DO NOT WRITE IN THIS SPACE	
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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 #			