


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000087341 1. Entity Name AMERICAN PLUMBING OF SOUTH FLORIDA, INC.	
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Principal Place of Business 1901 CATTLEMEN ROAD UNIT A SARASOTA, FL 34232	Mailing Address 1901 CATTLEMEN ROAD UNIT A SARASOTA, FL 34232
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01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0717199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOMEZ, BEN 1901-A CATTLEMEN ROAD SARASOTA, FL 34232

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000184857 01/20/05-80045-018 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TILLE, JIM D 1901-A CATTLEMEN ROAD SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANNON, GREGORY J 1901-A CATTLEMEN ROAD SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOMEZ, BEN 1901-A CATTLEMEN ROAD SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEVILLE, DONALD 1901-A CATTLEMEN ROAD SARASOTA, FL 34232
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 exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	11/13/05 941/377-4010 <small>Date Daytime Phone</small>