

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90022 049 \*\*\*158.75

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**DOCUMENT # P96000087341**  
 1. Entity Name  
**AMERICAN PLUMBING OF SOUTH FLORIDA, INC.**



Principal Place of Business Mailing Address  
**1901 CATTLEMEN ROAD UNIT A SARASOTA, FL 34232**      **1901 CATTLEMEN ROAD UNIT A SARASOTA, FL 34232**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01122006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0717199** Applied For  
 Not Applicable

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

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

**7. Name and Address of New Registered Agent**  
 Name **BANNON THOMAS**  
 Street Address (P.O. Box Number is Not Acceptable) **1901-A CATTLEMEN ROAD**  
 City **SARASOTA** FL Zip Code **34232**

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]* **THOMAS BANNON, TRS.** DATE **1/12/06**

**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**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>TILLE, JIM D</b>	
STREET ADDRESS	<b>1901-A CATTLEMEN ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BANNON, GREGORY J</b>	
STREET ADDRESS	<b>1901-A CATTLEMEN ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GOMEZ, BEN</b>	
STREET ADDRESS	<b>1901-A CATTLEMEN ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>NEVILLE, DONALD</b>	
STREET ADDRESS	<b>1901-A CATTLEMEN ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BANNON THOMAS M.</b>	
STREET ADDRESS	<b>1901-A CATTLEMEN RD.</b>	
CITY-ST-ZIP	<b>SARASOTA, FL. 34232</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* DATE **1/13/06** DAYTIME PHONE # **941/377-4010**