

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000069058

**FILED**  
**May 26, 2011**  
**Secretary of State**

**Entity Name:** PRO-TECH PLUMBING AND INSTALLATIONS, INC.

**Current Principal Place of Business:**

504 CENTER RD  
UNIT A-2  
FT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6924  
FT MYERS, FL 33911

**New Mailing Address:**

**FEI Number:** 65-0771631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANCHEZ, NICANOR P  
504 CENTER RD  
UNIT A-2  
FT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVSD  
Name: SANCHEZ, NICANOR  
Address: 570 6TH STREET SE  
City-St-Zip: NAPLES, FL 34117

Title: AVP  
Name: CARRILLO, VELMA  
Address: 504 CENTER RD UNIT A-2  
City-St-Zip: FT MYERS, FL 33907

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NICANOR SANCHEZ

PRES

05/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date