

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90013 006 ***150.00

DOCUMENT # P98000097308

1. Entity Name
SUNRISE PLUMBING OF CENTRAL FLORIDA, INC.



Principal Place of Business

**3501 W. VINE ST.
SUITE 397
KISSIMMEE, FL 34741**

Mailing Address

**3501 W. VINE ST.
SUITE 397
KISSIMMEE, FL 34741**

20052095



07132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3541782

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PELLOT, VILMA
2954 KRISTIN CT.
KISSIMMEE, FL 34744**

**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, the registered agent.

SIGNATURE

David Pellet
Signature typed or printed name of registered agent and title if applicable.

DAVID PELLOT

(NOTE: Registered Agent signature required when reinstating)

8/3/06

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **VP**
NAME **PELLOT, VILMA**
STREET ADDRESS **2954 KRISTIN CT**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE **VP**
NAME **PELLOT, DAVID**
STREET ADDRESS **2954 KRISTIN CT**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 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:

David Pellet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/06

Date

407-847-0884

Daytime Phone #