2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

CUMENT # P98000105928

Name

E'S PLUMBING SERVICE DIVISION II, INC.

Place of Business	Mailing Address
1/2 E WASHINGTON STREET NDO FL 32801	P.O. BOX 3124 ORLANDO FL 32802 US

Place of Business	3. Mailing Address
Apt. #, etc.	Suite, Apt. #, etc
State	City & State
Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3555529 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PETERSON, NEIL W
8091/2 E WASHINGTON STREET
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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 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
Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: PETERSON, NEIL W ADDRESS: 809 1/2 E. WASHINGTON STREET CITY-ST-ZIP: ORLANDO FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000396891 01/30/06-80027-016 150.00	☐ Change ☐ Addition
TITLE: VP NAME: DOCHERY, RANDY ADDRESS: 522 SAN SEBASTIAN PRADO CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Neil Peterson 1/17/06 4073516206