

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90193 028 \*\*\*150.00

**DOCUMENT # P98000105928**

1. Entity Name

PETE'S PLUMBING SERVICE DIVISION II, INC.



Principal Place of Business

809 1/2 E WASHINGTON STREET  
ORLANDO FL 32801  
US

Mailing Address

P.O. BOX 3124  
ORLANDO FL 32802  
US



2. Principal Place of Business No P.O. Box #

2323 1/2 Amherst Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32804

Country

Orange

Zip

32804

Country

Orange

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

7. Name and Address of New Registered Agent

PETERSON, NEIL W  
809 1/2 E WASHINGTON STREET  
ORLANDO FL 32801

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make 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

TITLE	P	Delete
NAME	PETERSON, NEIL W	
STREET ADDRESS	809 1/2 E. WASHINGTON STREET	
CITY- ST- ZIP	ORLANDO FL 32801	
TITLE	VP	Delete
NAME	DOCHERY, RANDY	
STREET ADDRESS	522 SAN SEBASTIAN PRADO	
CITY- ST- ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		Change	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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/08 407 351 6206  
Date Daytime Phone #