

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90023 039 ***150.00

DOCUMENT # P99000023623

1. Entity Name

DATTILE PLUMBING, INC.



Principal Place of Business

1100 FAIRVIEW LANE
SINGER ISLAND FL 33404
US

Mailing Address

1100 FAIRVIEW LANE
SINGER ISLAND FL 33404
US



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

15592 69th Ct N.

3. Mailing Address

15592 69th Ct N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

Loxahatchee, FL

Loxahatchee, FL

Zip
33470

Country
Palm Beach

Zip
33470

Country
Palm Beach

4. FEI Number

65-0922385

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

KUX, RICHARD
19635 STATE ROAD 7, SUITE 42
BOCA RATON FL 33498

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 the filer, if applicable.

(NOTE: Registered Agent signature required when certifying)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVD
NAME DATTILE, DOUGLAS A ☐ Delete
STREET ADDRESS 1100 FAIRVIEW LANE
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE PVD
NAME Dattile, Doug ☒ Change ☐ Addition
STREET ADDRESS 15592 69th Ct. N.
CITY-ST-ZIP Loxahatchee, FL 33470

TITLE STD
NAME DATTILE, DEBRA V ☐ Delete
STREET ADDRESS 1100 FAIRVIEW LANE
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE STD
NAME Dattile, Debra ☒ Change ☐ Addition
STREET ADDRESS 15592 69th Ct. N.
CITY-ST-ZIP Loxahatchee, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #